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COVER LETTER

TO: Registration So Division of Cor			
SUBJECT:	Renolectria	C LLC ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
		Name of Person Name of Person Lectric U Firm/Company NW 45th F Address M Carders City/State and Zip Code	C TVC FL 33055
	E-mail address: (to be used for future sonual report noti	ification)
For further information o	oncerning this matter, please of	all:	
- Brayar	it Rodrigue	2_at (<u>305</u>) <u>332 -</u> Area Code Daytim	ne Telephone Number
Enclosed is a check for the	he following amount:		
□ \$25.00 Filing Fee	\$30,00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
			i, N

Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

<u><u>Henolectr</u></u>	ic lle	
(<u>Name of the Limited Liability Compa</u> (A Florida Limited)	iny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number		d assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the abbreviatio	n "L.L.C."
Enter new principal offices address, if applicable:	19309 NW 45th A	ve.
(Principal office address MUST BE A STREET ADDRESS)	Miami Cardens	FL 3305
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	19309 NW 45 H	Ave 2 33055
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter the name of the</u>	new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	. Florida	ţ
	City Zip C	ode
New Registered Agent's Signature, if changing Registered Agent:		700
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, and I am familiar provided for in Chapter 605, F.S. Or, if this o	with and locument is

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Authorized Member Name Miani gardons fr 36055 Kremove □Change Brayant Rodrigoez 19309 NW 45th Ave XIII __ 🗆 Change □Add □ Remove □ Change □Remove □Remove □ Change _ □Remove : __ □Change

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Mective date, if other than the date of filing: D6 11 2024 (option of filing or more than 90 days after	ional)	
ote: If the date inserted in this block does not meet the applicable statutory filing requirements, the	r filing.) Pursuant to 60: is date will not be list	5.0. ted
ocument's effective date on the Department of State's records.		
	is an one i co.	
	b) The 90th day after	er u
record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (I is filed.	.~•	
is filed.	2	
is filed.	2 :	
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ated 14th Day of June. 2024.		
is filed.	26.	

Filing Fee: \$25.00