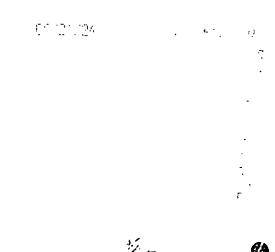
## L24000272658

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## **COVER LETTER**

TO:

Registration Section

Division of Corporations						
	Renaissance Cam LLC					
SUBJECT:Name of Limited Liability Company						
The enclosed	Articles of	Amendment and fec(s) are sub	omitted for filing.			
Please return	all correspo	ondence concerning this matter	to the following:			
		Cameron Deion Smith				
Name of Person						
		Renaissance Cam				
	Firm/Company					
		71 Tally Hills Drive				
			Address			
		Monticello, FL, 32344				
			City/State and Zip Code			
		cds4sho@yahoo.com				
		E-mail address: (	to be used for future annual report i	notification)		
For further in	formation c	oncerning this matter, please c	all:			
Cameron Deion Smith		850 5561924				
Name of Person		at () Area Code Day	time Telephone Number			
Enclosed is a	check for th	e following amount:				
□ \$25,00 F	iling 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)		
	ling Addres		Street Address:			
Registration Section Division of Corporations		Registration Section Division of Corporations				
P.O. Box 6327		The Centre of Tallahassee				
Tallahassee, FL 32314		2415 N. Mon	2415 N. Monroe Street, Suite 810			

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Renaissance Cam LLC		
(Name of the Limited Liability Compa (A Florida Limited	any as it now appears on our records.) Liability Company)	
he Articles of Organization for this Limited Liability Company	were filed on 06/14/2024	and assigned
lorida document number 1.24000272658		
his amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	nility company here:	
he new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" o	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)		
		•
Enter new mailing address, if applicable:		<del>.</del> <del>.</del>
Mailing address MAY BE A POST OFFICE BOX)		
		••
		·
3. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter th</u>	e name of the new regist
Name of New Registered Agent:		
New Registered Office Address:		
<del>-</del>	Enter Florida street address	
	Flori	
	City	Zip Code

## New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

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

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
AMBR	Sherwin T. Smith	71 Tally Hills Drive, Monticello, FL 32344	≣ ∧dd
			□Remove
			□Change
			🗆 Add
			Remove
			□ Change
			□Remove
			□Change
			□Add
			□Remove
			Change
	<u> </u>		□Add
			□Remove
			□Change
			□Add
			□Remove
			(7) (7)

Typed or printed name of signee