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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : LEGALZOOM.COM INC.

Account Number : I20010000062

Phone : (323)962-8600 Fax Number : (323)389-0502

**Enter the email address for this business entity to be used for future . annual report mailings. Enter only one email address please. **

F	Address:			

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K. SALY

DEC - 6 2024

COVER LETTER

	Registration Sc Division of Cor						
cumunc	RENOVAT	TE MANAGEMENT LLC					
SUBJEC	1:	Name of Lim	ited Liability Company				
		Amendment and fee(s) are sub					
	·	Mike Town					
Name of Person							
Legalzoom.com, Inc.							
		Firm/Company					
		9900 Spectrum Dr					
		Address					
		Austin, TX 78717 City/State and Zip Code renovate1024@gmail.com					
For furthe	er information c	E-mail address: (oneerning this matter, please co	to be used for future annual report notif	reation)			
Mike Town			800 773-0888 at()				
	Name o	f Person	Area Code Daytimo	Telephone Number			
Enclosed	is a check for th	ne following amount:					
□ \$25.0	0 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)			
	MAIL	ING ADDRESS:	STREET/COURI	ER ADDRESS:			

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

Registration Section **Division of Corporations** Clifton Building 2661 Executive Center Circle Tallahassee, Fl. 32301

To:

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

FILED
2024 DEC-5 PM 3:28

			~ L /4	MASSER LUIGI.
Name of the Limited	l Liability Compa A Florida Limited I	any as it now appears on our Liability Company)	records.)	HASSEF FLORIDY
he Articles of Organization for this Limited Lia lorida decument number L24000442128	bility Company	were filed on 10/16/2024		and assigned
his amendment is submitted to amend the follow	ving:			
If amending name, enter the new name of t	the limited liab	oility company here:		
he new name must be distinguishable and contain the wor	rds "Limited Liabi	lity Company," the designation	"LLC" or the s	bbreviation "L.L.C."
Enter new principal offices address, if applicable: <u>Principal office address MUST BE A STREET ADDRESS</u>)		6524 Sand Lake Sound Rd, 3205		
		Orlando, FL - 32819		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		6 524 Sand Lake Sound Rd, 3205 Orlando, FL - 32819		
			•	
3. If amending the registered agent and/or egistered agent and/or the new registered offi	ce address her	<u>e:</u>	ecords, <u>enter</u>	the name of the r
	ce address her	<u>e:</u> pin	ecords, <u>enter</u>	the name of the t
gistered agent and/or the new registered offi	ce address her	<u>e:</u> pin Lake Sound Rd, 3205		the name of the r
egistered agent and/or the new registered offi	ce address her	e: pin Lake Sound Rd, 3205 Enter Florida street		the name of the i

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

Page, 6 of 7

2024-12-05 10:49:11 PST

LegelZoom.com, Inc.

From: Candace Pringle

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

To:

Title	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	Thor Riepin	6524 Sand Lake Sound Rd, 3205	
————			Add
		Orlando	
			Remove
		FL - 32819	_ ☐ Change
			Add
			□ Remove
			Dehange T
			DEC Add Provided Prov
			Remove
			28 Change
			D Add
			□ Remove
			Change
			O Add
			□ Remove
			Change
			D A∂d
			☐ Remove
			Change

Signature of a member or authorized representative of a member

Typed or printed name of signce

Typed or printed name of signce

Page 3 of 3

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