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Division of Corporations

Fax Number : (950)617-6363

France

AUCOUNT Name : NASON, YPAGER, GERSON, WHITE & LLOCE, F.A.

Account Number: 073222003555 Phone: (S61)686-3307 : (561)290-1590 Fun Number

**Enter the email address for this business entity to be used for fursion

annual report mailings. Enter only one enail address please. **

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APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT BUSINESS IN FLORIDA

SECTION I (1-4 must be completed)

1. Name of limited liability Company as it appears	on the records of the Florida Depa	rtment of
State: Renaissance Aventura LLC		
Enter new principal office address, if applicable:		
(<u>Principal office address</u> <u>MUST BE A STREET ADDRESS</u>)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
2. The Florida document number of this limited liab	bility company is: M1600000	2747
3. Jurisdiction of its organization: Delaware		
4. Date authorized to do business in Florida: Apr	il 1, 2016	
SECTION II (5-9 complete only the applicable c		
5. New name of the limited liability company: (must	contain "Limited Liability Compa	ny, ""LLC., TOP-LLC.)
(If name unavailable, enter alternate name adopted copy of the written consent of the managers or man must contain "Limited Liability Company," "L.L.C.	naging members adopting the altern i." or "LLC.")	iate name. The alternator mame
6. If amending the registered agent and/or registered registered agent and/or the new registered office ad	d officer address on our records, <u>e</u> i <u>dress here:</u>	nter the name of the new?
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida St	reet Address
	•	
	City	, Flor id a <u>Zip Code</u>
New Registered Agent's Signature, if changing Rep I hereby accept the appointment as registered agen the provisions of all statutes relative to the proper and accept the obligations of my position as registe document is being filed to merely reflect a change	it and agree to act in this capacity, and complete performance of my d ered agem as provided for in Chap	luties, and I am familiar with ver 605, F.S. Or, if this

If Changing Registered Agent, Signature of New Registered Agent

liability company has been notified in writing of this change.

Title/ Capacity	Name	Address	Type of Actio
President of Estate	Liliana E. Ribero, RPA	20803 Biscayne Blvd. Suite 200 Aventura, FL 33180	■ Add
			Remo
e President Bradley Fishel	20803 Biscayne Blvd., Ste Aventura; FL 33180	200 X Add	
			Remo
			Add
			SI CRETAR DAdd
			AREMOV AREMOV 32
			Add

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