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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	PRATION: Renaissance Interna	ational, Inc.,			
DOCUMENT NUM	IBER: N93000005372				
The enclosed Article	s of Amendment and fee are sub	omitted for filing.			
Please return all corr	espondence concerning this mat	ter to the following:			
	Keith Jones				
	Name of Contact Person				
	Renaissance International				
	Firm/ Company				
	1040 Bayview Drive, Suite 317				
	Address				
	Fort Lauderdale, FL 33304				
	City/ State and Zip Code				
	kjonesklj@aol.com				
	E-mail address: (to be us	ed for future annual report	notification)		
For further informati Keith Jones, Vice Pr	on concerning this matter, pleas		309-5168		
Name of Contact Person		at (Area Coo) 309-5168 de & Daytime Telephone Number		
Enclosed is a check f	or the following amount made p				
□ \$35 Filing Fee	☐ \$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)		
An Dit P.C	neiling Address nendment Section vision of Corporations D. Box 6327 llahassee, FL 32314	Amend Divisio The Co 2415 N	Address ment Section n of Corporations entre of Tallahassee V. Monroe Street, Suite 810 ussee, FL 32303		

Articles of Amendment to Articles of Incorporation of

Renaissance International Incorporated		
(Name of Corporation as current	tly filed with the Florida Dept. of State)	
N93000005372		
(Document Number of	of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	Florida Profit Corporation adopts the follo	owing amendment(s) to
A. If amending name, enter the new name of the corporation:		
NA		The new
name must be distinguishable and contain the word "corporation," " "Inc.," or Co.," or the designation "Corp," "Inc.," or "Co", "chartered," "professional association," or the abbreviation "P.A.	A professional corporation name must co	viation "Corp.,"
	NA	
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		
,		· 202
		7.4 0.0 11
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	NA	
111111111111111111111111111111111111111		PH C
		 <u></u> ထ
D. If a second is the registered agent and the registered office add	tues in Florida ontonthe access of the	ω
D. If amending the registered agent and/or registered office add new registered agent and/or the new registered office addres.		
NA		
Name of New Registered Agent		
(Florida st	treet address)	
New Registered Office Address:	, Florida	
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Registered Agent	••	
I hereby accept the appointment as registered agent. I am familiar		ion.
•	,	
		
Signature of New I	Registered Agent, if changing	

Check if applicable

[☐] The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Example:

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

X Change	<u>PT</u>	John Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change		_	
Add			
Remove			
2) Change			
Add			
Remove 3) Change			
Add Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

L. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)	
aid organization is organized exclusively for charitable, religious, educational, and scientific purposes, including,	for such
urposes, the making of distributions to organizations that qualify as exempt organizations described under Section	n 501(c)(3
f the Internal Revenue Code, or corresponding section of any future federal tax code.	
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	_
If an amendment provides for an exchange, reclassification, or cancellation of issued shares,	
provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)	
(y not applicable, macule 1974) A	
	
•	

	4/22/2020	
The date of each amendment(s) date this document was signed.	adoption:	, if other than the
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the I	block does not meet the applicable statutory filing requirements, this Department of State's records.	date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were action was not required.	dopted by the incorporators, or board of directors without shareholder	action and shareholder
☐ The amendment(s) was/were a by the shareholders was/were	dopted by the shareholders. The number of votes cast for the amendment sufficient for approval.	ent(s)
	oproved by the shareholders through voting groups. The following states are each voting group entitled to vote separately on the amendment(s):	ement
"The number of votes car	st for the amendment(s) was/were sufficient for approval	
by 5 yes (Five Yeses)		
	(voting group)	
4/22/2020 Dated		
Signature	Keith Joss	
select	director, president or other officer – if directors or officers have not be ed, by an incorporator – if in the hands of a receiver, trustee, or other onted fiduciary by that fiduciary)	
	Keith Jones	
	(Typed or printed name of person signing)	
	Vice President	
	(Title of person signing)	