## P150000 20735

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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF COL	RPORATION: LA RENAISSANC	CE MUTI SERVICES,INC	
	TUMBER: P15000020735		
	ticles of Amendment and fee are su	abmitted for filing.	
Please return all	correspondence concerning this ma	atter to the following:	
	GENEVIEVE BENOIT		
		Name of Contact Persor	1
	LA RENAISSANCE MULT	I SERVICES,INC	
	<del></del>	Firm/ Company	
	3212 LANTANA RD		
		Address	
	LANTANA,FLORIDA 3346	2	
		City/ State and Zip Code	2
	genevieve5917@yahoo.com		
	E-mail address: (to be us	sed for future annual report	notification)
	nation concerning this matter, plea		
GENEVIEVE BENOIT		at (	) 6704812 de & Daytime Telephone Number
N	ame of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a che	ck for the following amount made	payable to the Florida Depa	artment of State:
S35 Filing F	ce S43.75 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)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Amend Divisio The Co	Address ment Section n of Corporations entre of Tallahassee V. Monroe Street, Suite 810

Tallahassee, FL 32303

## Articles of Amendment to Articles of Incorporation of

LA RENAISSANCE MULTI SERVICES

(Name	of Corporation as currentl	y filed with the Florida Dep	pt. of State)
P15000020735			
	(Document Number o	f Corporation (if known)	
Pursuant to the provisions of section 607 its Articles of Incorporation:	1006, Florida Statutes, this	Florida Profit Corporation v	adopts the following amendment(s) to
A. If amending name, enter the new n	ame of the corporation:		
name must be distinguishable and contain "Inc.," or Co.," or the designation "C "chartered," "professional association,"	Corp, " "Inc," or "Co". A	professional corporation is	
B. Enter new principal office address,	if applicable:	N/A	
(Principal office address MUST BE A S			. 20
		<del></del>	<del></del>
C. Enter new mailing address, if applicable:			:
(Mailing address MAY BE A POST	<u>OFFICE BOX</u> )		
			<u>=</u>
			ω Ψ
D. If amending the registered agent ar	nd/or revistered office addr	ess in Florida, enter the na	ime of the
new registered agent and/or the new			
Name of New Registered Agent	GENEVIEVE BENOIT		
	3212 LANTANA RD LAN	NTANA,FLORIDA 33462	
	(Florida str	eet address)	<del></del> -
New Registered Office Address:		(City)	Florida
		(C.iή)	(Zip Code)
New Registered Agent's Signature, if c I hereby accept the appointment as regist			ns of the position.
	Y shiring	2000	
	Signature of New Re	egistered Agent, if changing	<del></del>

Check if applicable  $\Box$  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)

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.

<u>PT</u>	John Doe		
$\underline{\mathbf{V}}$	Mike Jones		
<u>sv</u>	Sally Smith		
<u>Title</u>	<u>Name</u>	<u>Addres</u> s	
V P	JEAN S BENOIT BENOIT	3212 LANTANA RD,LANTANA	
		SAME AS ABOVE	
	_		
	<u>V</u> <u>SV</u> <u>Title</u>	Y     Mike Jones       SV     Sally Smith       Title     Name	

	ets, if necessary).	(Be specific)			
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	, if other than
date this document was signed. 9/15/2020	
Effective date if applicable:	
	(no more than 90 days after amendment file date)
Note: If the date inserted in this block does document's effective date on the Department	not meet the applicable statutory filing requirements, this date will not be listed a of State's records.
Adoption of Amendment(s)	CHECK ONE)
■ The amendment(s) was/were adopted by t action was not required.	ne incorporators, or board of directors without shareholder action and shareholder
☐ The amendment(s) was/were adopted by t by the shareholders was/were sufficient for	he shareholders. The number of votes cast for the amendment(s) or approval.
• • • • • • • • • • • • • • • • • • • •	the shareholders through voting groups. The following statement ag group entitled to vote separately on the amendment(s):
"The number of votes cast for the ar	nendment(s) was/were sufficient for approval
by	"
(1	oting group)
Dated 09/15/2020	
Signature	Wl 1304
	esident or other officer - if directors or officers have not been
	corporator – if in the hands of a receiver, trustee, or other court ry by that fiduciary)
• •	EVE BENOIT
GENEVI	
	(Typed or printed name of person signing)
PRESID	TA
-	(Title of person signing)

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