## A17000000250

| (Req                      | uestor's Name)   |             |
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| PICK-UP                   | WAIT             | MAIL        |
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|                           |                  |             |
| (Doc                      | ument Number)    |             |
| Certified Copies          | Certificates     | s of Status |
| Special Instructions to F | iling Officer:   |             |
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Office Use Only



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SECRELARY OF STATE
SECRELARY OF STATE

K. SALY APR 23 2818

## **COVER LETTER**

| Division of O                       |   |                                     |              |   |
|-------------------------------------|---|-------------------------------------|--------------|---|
| SUBJECT: AltaRen                    | talsofSouthwestFlorida L.1                  | L.L.P.                              |              |   |
| No.                                 | ame of Florida Limited Par                  | rtnership or Limited I              | Liability    | Limited Partnership   |
| The enclosed Certifi                | cate of Amendment a                         | nd fee(s) are subn                  | nitted i     | for filing.   |
| Please return all cor               | respondence concerni                        | ng this matter to:                  |              |   |
| Deborah A. Giardello                | ·   |                                     |              |   |
|                                     | Contact Person                              |                                     |              |   |
| AltaRentalsofSouthwes               | tFlorida L.L.L.P.                           |                                     |              |   |
|                                     | Firm/Company                                |                                     | -            |   |
| 6805 Sterling Greens D              | r. #101                                     |                                     |              |   |
|                                     | Address                                     |                                     | <del>-</del> |   |
| Naples, FL 34104                    |   |                                     | _            |   |
|                                     | City, State and Zip Code                    |                                     |              |   |
| Altarentals l@gmail.co              | m   | •                                   |              |   |
| E-mail address: (to                 | be used for future annual                   | report notification)                | -            |   |
| For further informat                | ion concerning this m                       | atter, please call:                 |              |   |
| Deborah A. Giardello                |   | at ( <sup>239</sup>                 | 877-3        | 469   |
| Name of Conta                       | act Person                                  |                                     | nd Dayt      | ime Telephone Number  |
| Enclosed is a check                 | for the following amo                       | ount:                               |              | ,   |
| \$52.50 Filing Fee                  | S61.25 Filing Fee and Certificate of Status | . \$105.00 Filing and Certified Cop |              | S113.75 Filing Fee,<br>Certified Copy, and<br>Certificate of Status |
| STREET ADDRES                       | SS:   | MAIL                                | ING A        | ADDRESS:  |
| Registration Section                |   | _                                   |              | Section   |
| Division of Corpora                 | tions                                       |                                     |              | Corporations  |
| Clifton Building 2661 Executive Cen | tor Cirolo                                  | P. O. B                             |              |   |
| Tallahassee, FL 323                 |   | i aiiana                            | issee, l     | FL 32314  |

## CERTIFICATE OF AMENDMENT TO CERTIFICATE OF LIMITED PARTNERSHIP

|  |                             | T 10 APR 20 PM 2:04  CRSHIP SECRETARY OF STATE O |
|--|-----------------------------|--|
| CERTIFICATE  | OF AMENDMEN                 | T 10 10 ED   |
|  | то                          | Sea. APR 20  |
| CERTIFICATE OF L   | IMITED PARTNE               | RSHIP  |
|  | OF                          | SEE STA  |
| AltaRentalsofSouthwestFlorida L.L.L.P.   |                             | FIGURE   |
| Insert name currently on file  | e with Florida Departme     | nt of State  |
| Pursuant to the provisions of section 620.1202, Flo<br>limited liability limited partnership, whose certific<br>May 26, 2017 adopts the following certificate of amendment to it | ate was filed with the      | ne Florida Department of State on er A17000000250,   |
| This amendment is submitted to amend the following:  |                             | •  |
| This amendment is submitted to amend the following.  |                             |  |
| A. If amending name, enter the new name of the linere:   | <u>mited partnership or</u> | limited liability limited partnership  |
| Alta Rentals L.L.L.P.  |                             |  |
| New name must be distinguisha  | ble and contain an acce     | ptable suffix.   |
| Acceptable Limited Partnership suffixes: Limited Partnershi<br>Acceptable Limited Liability Limited Partnership suffixes: L  |                             |  |
| B. If amending mailing address and/or princip principal office address here:   | al office address, <u>e</u> | nter new mailing address and/or  |
| New Principal Office Address:  |                             |  |
| (Must be STREET address)   |                             |  |
|  |                             |  |
| New Mailing Address:   |                             |  |
| (May be post office box)   |                             |  |
|  |                             |  |
|  |                             |  |
| C. If amending the registered agent and/or registerew registered agent and/or the new registered office  |                             | our records, enter the name of the   |
|  |                             |  |
| Name of New Registered Agent:  |                             |  |
| New Registered Office Address:   | <u>, , , , , , , , </u>     |  |
|  | Enter Florida               | street address   |
| ·  | _                           | , Florida  |
| <del></del>  | City                        | Zip Code   |

|   |                                       | pacity. I further agree to reference of my duties, and I |
|---|---------------------------------------|--|
| ,   |                                       | APR 20   |
| tered Agent's Signature, if c                                       | hanging Registered Agent:             | ALANTARY   |
| cent the appointment as reviste                                     | red agent and agree to act in this ca | nacity I further agree to                                |
| h the provisions of all statutes re                                 | elative to the proper and complete p  | performance of my duties, and I                          |
| with and accept the obligation                                      | s of my position as registered agent  |  |
|   |                                       |  |
|   | If Changing Registered Agent,         | Signature of New Registered Agent                        |
|   |                                       |  |
| nding the general partner(s), <u>er</u><br>emoved from our records: | nter the name and business address    | of each general partner being                            |
| Name  | <u>Address</u>                        | Type of Action   |
|   |                                       | <u> </u>   |
| Karen L. Minshew  | 2148 Piccadilly Circus                |  |
|   | Naples, FL 34112                      | Remove   |
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Page 2 of 3

(NOTE: If adding or removing" limited liability limited partnership" status, all general partners must sign this amendment.)

E. If the limited partnership or limited liability limited partnership is amending its "limited liability

This Limited Partnership hereby elects to be a "Limited Liability Limited Partnership."

This Limited Partnership hereby removes its "Limited Liability Limited Partnership" status.

limited partnership" status, enter change here:

| Effective date, if other than the date of filing:  Effective date cannot be prior to nor more than 90 days after the date this document is filed by the Florida Depositate.)  Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.  Signature(s) of a general partner or all general partners*:  *NOTE: Only one current general partner is required to sign this document unless the limited partnership armoving a "limited liability limited partnership" election statement. Chapter 620, F.S., requires all general part when adding or removing a "limited liability limited partnership" election statement.)  Classificature(s) of all new or dissociating general partner(s), if any:  Signature(s) of all new or dissociating general partner(s), if any:  However, and the date will not be a second or statement of the second of the se | -1///  |   |                 |
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