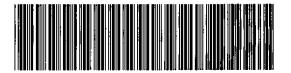
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K. SALY EXAMINER AUG 2 9 2011

COVER LETTER

Division of Co	rporations		
SUBJECT:	First Coast Rer	ntal Management, LLC	•
30b3LC1		ited Liability Company	
The enclosed Articles o	f Amendment and fee(s) are sul	omitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
		Robert M. Baker	
		Name of Person	
	First Coa	ast Rental Management, Ll	_C
		Firm/Company	
		2099 Park Street	
	-	Address	
	Jac	ksonville, Florida 32204	
		City/State and Zip Code	
	E-mail address: (RBAKER@SJP.COM to be used for future annual report noti	fication)
For further information	concerning this matter, please of		
Ro	bert M. Baker	at (_904_)_	281-2500
Name	of Person		ne Telephone Number
Enclosed is a check for t	the following amount:		
₹25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

TO:

Registration Section

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

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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First Co.	ast Rental Management	LLC ALI	AHASSEE, FLORIDA	
(Name of the Limited I	Liability Company as it now appea Florida Limited Liability Company)	rs on our records.)	LOMOA	
The Articles of Organization for this Limited Lia	bility Company were filed on	07/08/2010	and assigned	
Florida document numberL10000072	196			
This amendment is submitted to amend the follow	wing:			
A. If amending name, enter the new name of	the limited liability company he	<u>re</u> :		
The new name must be distinguishable and end with "L.L.C."	the words "Limited Liability Comp	any," the designation "I	LC" or the abbreviation	
Enter new principal offices address, if applica	ble:			
(Principal office address MUST BE A STREET	ADDRESS)			
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE B				
	1 . 00 1 1			
B. If amending the registered agent and/or registered agent and/or the new registered off		our records, <u>enter 1</u>	ne name of the new	
Name of New Registered Agent:				
New Registered Office Address:				
	Er	nter Florida street add	er Florida street address	
	City	, Florida	Zip Code	
	City			

New Registered Agent's Signature, if changing Registered Agent:

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 608, 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, Signature of New Registered Agent

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member <u>Title</u> <u>Name</u> **Address Type of Action** Christina Starmer MGR 2962 Herschel Street Jacksonville, FL 32205 ☐ Add Remove Remove Remove _ Add Remove Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) August 25 Dated ___ Signature of a member or authorized representative of a member M. BALER, MGRM
Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00