

L11000070314

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

(Business Entity Name)

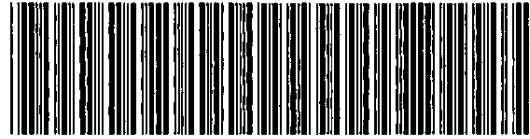
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

**A. LUNT**  
JUN 29 2011  
**EXAMINER**

Office Use Only



200236598892

06/25/12--01017--012 \*\*30.00

2012 JUN 25 AM 8:28  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

THIS LLC WAS CHANGED  
FROM AB RENTALS TO AP  
RENTALS WITHIN THE LAST 30  
DAYS. BY THE TIME WE APPLIED IN  
OUR STATE AS A FOREIGN LLC THE  
NAME HAD BEEN TAKEN. I HAVE  
RESERVED FOR 120 DAYS THE NAME  
AH RENTALS LLC IN OUR STATE. OUR  
CERTIFICATE OF STATUS WILL NEED TO  
REFLECT THE NAME AH RENTALS LLC.

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: AP RENTAL LLC**  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

**RICHARD BOXLER**  
Name of Person  
  
Firm/Company  
  
**2726 HARTZER ST**  
Address  
  
**SOUTH BEND, IN 46628**  
City/State and Zip Code  
  
**richardboxler@yahoo.com**  
E-mail address: (to be used for future annual report notification)

2012 JUN 25 AM 8:29  
FILED  
STATE DEPT OF STATE  
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

**KAREN BOXLER** at ( **708** ) **261-4128**  
Name of Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- \$25.00 Filing Fee
- \$30.00 Filing Fee & Certificate of Status
- \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)
- \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

**MAILING ADDRESS:**  
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**

**AP RENTAL LLC**

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on FEBRUARY 10, 2011  
MAY 11, 2012 and assigned  
Florida document number L11000070314.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

**AH RENTALS, LLC**

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

**Enter new principal offices address, if applicable:**

2912 W. WARREN BLVD

**(Principal office address MUST BE A STREET ADDRESS)**

CHICAGO, IL 60612

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent: \_\_\_\_\_

New Registered Office Address: \_\_\_\_\_

*Enter Florida street address*

\_\_\_\_\_, Florida \_\_\_\_\_

City

Zip Code

**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>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove

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 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Dated 6-22, 12.

*Karen Boxler*  
 Signature of a member or authorized representative of a member

KAREN BOXLER  
 Typed or printed name of signee