

L13000017528

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

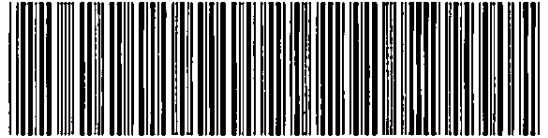
(Business Entity Name)

(Document Number)

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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: LINDSTAM RENTALS 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:

Clayton LINDSTAM
Name of Person

LINDSTAM RENTALS LLC
Firm/Company

2758 PARRISH CEMETERY Rd
Address

JACKSONVILLE FLORIDA 32221
City/State and Zip Code

clindstam@comcast.net
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Clayton Lindstam at (904) 728-4128
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 Address:
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

LINDSTAM RENTALS 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 4, 2013 and assigned Florida document number L13000017528.

This amendment is submitted to amend the following:

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

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

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Jeremy Lindstam

11619 Sedge Moore Dr. S.

Jacksonville, FL 32223

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

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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 605, F.S. Or, if the 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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Clayton Lindstam	_____	<input type="checkbox"/> Add
		2758 Parrish Cemetery Rd. Jacksonville, FL 32221	<input checked="" type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
MGR	Sandra Lindstam	_____	<input type="checkbox"/> Add
		2758 Parrish Cemetery Rd Jacksonville, FL 32221	<input checked="" type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
MGR	Aaron Lindstam	_____	<input type="checkbox"/> Add
		216 CANDOR ROUTE LEXINGTON S.C. 29073	<input checked="" type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
MGR	Jeremy Lindstam	_____	<input type="checkbox"/> Add
		11619 SEDGEMOORE DR. S. JACKSONVILLE, FL 32223	<input checked="" type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
MGR	Jonathan Lindstam	_____	<input type="checkbox"/> Add
		8547 New York Ave JACKSONVILLE, FL 32242	<input checked="" type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change

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

Multiple horizontal lines for amending information.

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

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.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) _____

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2020 MAR 25 PM 4:20
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TALLAHASSEE, FL

Dated _____

Clayton D. Lindstam
Signature of a member or authorized representative of a member

CLAYTON D. LINDSTAM

Typed or printed name of signee