

L14000019264

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

(Business Entity Name)

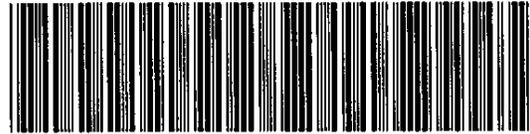
(Document Number)

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

Special Instructions to Filing Officer:

A. Lunt  
3-20-14

Office Use Only



600257237396

02/28/14--01015--019 \*\*35.00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2014 MAR 17 PM 6:07

FILED

Amusement Park Rentals, LLC  
8810 Commodity Cr. Ste 25  
Orlando, FL 32819

2014 MAR 17 PM 6:07  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

March 12, 2014  
Division of Corporations  
PO Box 6327  
Tallahassee, FL 32315

To whom it may concern,

Thank you for your assistance in correcting our application for amending our articles. , see accompanying letter. We would like to request a refund for the overpayment of \$10.00 as our check was written for \$35 and the charges are in actuality \$25.

Sincerely yours,



Rojer Tewari, President



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

March 6, 2014

ROJER TEWARI  
8810 COMMODITY CIR. #25  
ORLANDO, FL 32819

SUBJECT: AMUSEMENT PARK RENTALS LLC  
Ref. Number: L14000019264

We have received your document for AMUSEMENT PARK RENTALS LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION, but your entity is a LLC. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Agnes Lunt  
Regulatory Specialist II

Letter Number: 814A00004969

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Amusement Park 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:

Roger Tewari  
Name of Person

Amusement Park Rentals  
Firm/Company

8870 Commodity Circle Ste 25  
Address

Orlando FL 32819  
City/State and Zip Code

roger@amusementparkrentals.com  
E-mail address: (to be used for future annual report notification)

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2014 MAR 17 PM 6:07

FILED

For further information concerning this matter, please call:

Roger Tewari at ( 407 ) 967-8237  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount: \$ 35.00 Already paid

- \$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**

Amusement Park 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 2/4/14 and assigned Florida document number L14000019264.

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 end with 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)

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SECRETARY OF STATE

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:

James Zimbardi

New Registered Office Address:

8810 Commodity Circle Ste 25

Enter Florida street address

Orlando  
City

Florida

32819  
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 605, 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.*

*James Zimbardi*  
If Changing Registered Agent, Signature of New Registered Agent

**If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member 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>           |
|--------------|-------------|----------------|---------------------------------|
| _____        | _____       | _____          | <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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| _____        | _____       | _____          | <input type="checkbox"/> Remove |
| _____        | _____       | _____          | <input type="checkbox"/> Add    |
| _____        | _____       | _____          | <input type="checkbox"/> Remove |

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 TALLAHASSEE, FLORIDA

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

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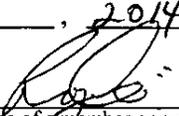
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E. Effective date, if other than the date of filing: 6/06/14 (optional)  
(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated 3/12, 2014

  
\_\_\_\_\_  
Signature of a member or authorized representative of a member  
Rojer Tewari  
\_\_\_\_\_  
Typed or printed name of signee

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CLERK OF STATE  
TALLAHASSEE, FLORIDA

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