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02/16/24--01017--004 **25.00



COVER LETTER

	Name of Li	nited Liability Company	
The enclosed Articles of	f Amendment and fee(s) are su	bmitted for filing.	
Piease return ail corresp	ondence concerning this matte	r to the following:	
	Neelie A. Thomas		
		Name of Person	
	A & N Property Rental L	LC	
		Fints/Company	
	13265 Persimmon Blvd.		
		Address	
	West Palm Beach, FL 334	11	
		City/State and Zip Code	
	ncelie.thomas@hotmail.co E-mail address:	m (to be used for future annual report notif	ication)
For further information c	concerning this matter, please c	eall:	
Jo Ann Abrams, Esq.		561 795-9590	
Name o	of Person	at () Area Code Daytime	Telephone Number
Enclosed is a check for the	he 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 Addres	s:	Street Address:	

Registration Section
Division of Corporations
P.O. Box 6327

TO:

Registration Section Division of Corporations

Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

A & N Property Rental LLC		
(Name of the Limited Liability Compa (A Florida Limited	iny as it now appears on our rec Liability Company)	ords.)
The Articles of Organization for this Limited Liability Company	were filed on 7/22/2015	and assigned
lorida document number L15000125071		
his amendment is submitted to amend the following:		
a. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "I	.LC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)		
		······································
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)	••	
3. If amending the registered agent and/or registered office gent and/or the new registered office address here:	address on our records, <u>en</u> t	ter the name of the new registe
gent and/or the new registered office address nere.		, -
Name of Name Designational Assessed		:
Name of New Registered Agent:		-
New Registered Office Address:	p p 1	
	Enter Florida street ade	dress -
		Florida : Zin Code :
	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 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.

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>	Address	Type of Action
AMBR	Alexcia Thomas-Akinlotan	12000 Home Guard Dr., Woodbridge, VA 22192	🖼 Add
			□Remove
			🗆 Change
			🗆 Add
			□Remove
			□Change
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(If an effect Note: If	e date, if other than the tive date is listed, the date in fithe date inserted in this lates on the listed at the date on the listed at the date on the listed at the list	uist be specific and cann block does not meet t	the applicable statut	filing or more than tory filing require	(optional) 90 days after filing.) Pur ements, this date will	suant to 605.0207 (3 not be listed as the
ord is filed						th day after the
Dated	2-1-26 Neck	<u> 24</u>				
	_ heele	e a, Hi Signature of a memb	OVITAL per or authorized repre	esentative of a men	aber	
			e A. Th.			