## L210000 20462

| (Re                     | questor's Name)    |             |
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| (Cit                    | ry/State/Zip/Phone | e #)        |
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| (Bu                     | siness Entity Nar  | ne)         |
| (Do                     | ocument Number)    |             |
| Certified Copies        | _ Certificates     | s of Status |
| Special Instructions to | Filing Officer:    |             |
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## COVER LETTER

| Division of Cor   |  |  |  |  |  |  |
|---|--|--|--|--|--|--|
| CVO TO CT   | GMG Execu                                    | utive Rentals, LLC   |  |  |  |  |
| SUBJECT:  | Name of Limi                                 | ited Liability Company   |  |  |  |  |
| The enclosed Articles of  | Amendment and fee(s) are sub-                | mitted for filing.   |  |  |  |  |
| Please return all correspo  | ondence concerning this matter               | to the following:  |  |  |  |  |
|   |  | Allena L Graaf   |  |  |  |  |
|   | <del></del>                                  | Name of Person   |  |  |  |  |
|   |  | NA   |  |  |  |  |
|   |  | Firm/Company   |  |  |  |  |
|   | 40   | 603 SW 127TH TER UNIT A  |  |  |  |  |
|   | Address                                      |  |  |  |  |  |
|   |  | MIRMAR, FL 33027   |  |  |  |  |
|   |  | City/State and Zip Code  |  |  |  |  |
|   |  | allenagraaf@gmail.com  |  |  |  |  |
|   | E-mail address: (                            | to be used for future annual report no   | otification)   |  |  |  |
| For further information   | concerning this matter, please c             | all:   |  |  |  |  |
| Allena  | L Graaf                                      | 305<br>at ()   | ime Telephone Number   |  |  |  |
| Name  | of Person                                    | Area Code Dayti  | ***  |  |  |  |
| Enclosed is a check for   | the following amount:                        |  | 77   MAR   |  |  |  |
| ■ \$25.00 Filing Fee  | □ \$30.00 Filing Fee & Certificate of Status | ☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)                | Certificate of Status & Certified Copy (additional copy is enclosed) |  |  |  |
| Mailing Addre<br>Registration<br>Division of 6<br>P.O. Box 63<br>Tallahassee, | Section Corporations 27                      | Street Address:<br>Registration S<br>Division of C<br>The Centre of<br>2415 N. Mon | Section<br>orporations   |  |  |  |

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| GMG Executiv   | e Rentals, LLC                            |                            |                         |  |  |
|--|---|----------------------------|-------------------------|--|--|
| (Name of the Limited Liability Compa<br>(A Florida Limited)  | ny as it now appear<br>Liability Company) | s on our records.)         |                         |  |  |
| The Articles of Organization for this Limited Liability Company  | were filed on                             | Januray 07, 2021           | and assigned            |  |  |
| Florida document numberL21000020462  |   |                            |                         |  |  |
| This amendment is submitted to amend the following:  |   |                            |                         |  |  |
| A. If amending name, enter the new name of the limited liab  | ility company he                          | <u>re</u> :                |                         |  |  |
| The new name must be distinguishable and contain the words "Limited Liabi  | lity Company," the de                     | esignation "LLC" or the ab | breviation "L.L.C."     |  |  |
| Enter new principal offices address, if applicable:  | 4603 SW 127TH                             | I TER                      |                         |  |  |
| (Principal office address MUST BE A STREET ADDRESS)  | MIRAMAR, FL 33027                         |                            |                         |  |  |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)   | 4603 SW 127TH<br>MIRAMAR, FL              |                            |                         |  |  |
| B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:  Name of New Registered Agent:  New Registered Office Address: | Λ   | ecords, enter the nam      | e of the new registered |  |  |
|  | City                                      | , Florida <u>``</u>        | Žip Code                |  |  |
| New Registered Agent's Signature, if changing Registered Agent:  | •   | **                         | 10                      |  |  |

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 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> | Name        |                                       | Type of Action                        |
|--------------|-------------|---------------------------------------|---------------------------------------|
|              |             | N/A                                   | □ Add                                 |
|              |             |                                       | _ □Remove                             |
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|  |  |  |                |                |                  |                      | onal) filing.) P            | ∯: 10       |           |
| Effective date, if<br>f an effective date is | f other than the date tisted, the date must be s | of filing:<br>ecific and ca                  | annot be prior | to date of fil | ing or more than | (optic               | o <b>nal)</b><br>filing.) P | tersuant to | 605.0207  |
| Note: If the date:                           | inserted in this block d                         | oes not me                                   | et the applic  | able statute   | ry filing requi  | rements, this        | s date w                    | ill not be  |           |
| locument's effect                            | ive date on the Depart                           | nent of Sta                                  | ie s records.  |                |                  |                      |                             |             |           |
| record specifies                             | a delayed effective date                         | hut not a                                    | n effective ti | me at 12:0     | llam on the      | earlier of: (h       | ) The G                     | Oth day :   | after the |
| d is filed.                                  | 2 44-2, 43 41-41                                 | , , , , , , , ,                              |                | , 61 . 2       |                  | <b>METICI 01.</b> (0 | , Inc                       | our ony c   | nici dic  |
|  | March 12   |  | 2021           |                |                  |                      |                             |             |           |
| Dated  | THAICH 12  | ,  |                | <u>-</u> ·     |                  |                      |                             |             |           |
|  |  |  | 211_           | . / . /        | 1)               | -                    |                             |             |           |
|  |  |  | 1111           |                | 10/1             |                      |                             |             |           |
|  | Signs  | ture of a me                                 | mber or author | prized repres  | entative of a me | mber                 |                             |             | -         |

Filing Fee: \$25.00