

M 19000000 3/22

(Requestor's Name)

(Address)

(Address)

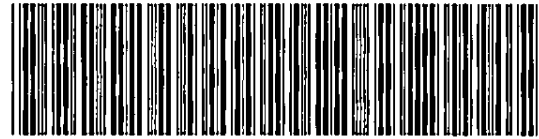
(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

(Business Entity Name)

(Document Number)

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



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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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11/29 11 2019

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** 3153 NOVUS COURT, LLC

Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Easton E. Saltsman, Esq.

Name of Person

Day Ketterer Ltd.

Firm/Company

200 Market Ave. Suite 300

Address

Canton, OH 44702

City/State and Zip Code

eesaltsman@dayketterer.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Easton E. Saltsman

Name of Person

at ( 330 ) 680-7454

Area Code & Daytime Telephone Number

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

**Enclosed is a check for the following amount:**

- \$25 Filing Fee       \$30 Filing Fee & Certificate of Status       \$55 Filing Fee & Certified Copy       \$60 Filing Fee, Certificate of Status & Certified Copy

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE  
AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT  
BUSINESS IN FLORIDA**

**SECTION I (1-4 must be completed)**

1. Name of limited liability Company as it appears on the records of the Florida Department of

State: 3153 NOVUS COURT, LLC

Enter new principal office 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)

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2019 JUN 29 PM 2:09  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2. The Florida document number of this limited liability company is: M1900000312

3. Jurisdiction of its organization: Ohio

4. Date authorized to do business in Florida: 03/29/2019

**SECTION II (5-9 complete only the applicable changes)**

5. New name of the limited liability company: R-W Rental, LLC  
(must contain "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C.," or "LLC.")

6. If amending the registered agent and/or registered officer 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 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

7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

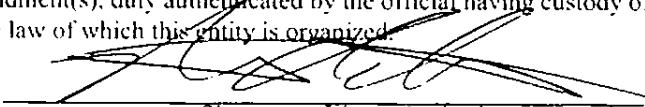
\_\_\_\_\_

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:

\_\_\_\_\_

<u>Title/ Capacity</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

9. Attached is a certificate, if required: no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.

  
 \_\_\_\_\_  
 Signature of the authorized representative

**Matthew R. Hochstetler, Authorized Representative**  
 \_\_\_\_\_  
 Typed or printed name of signee

**Filing Fee: \$25.00**

UNITED STATES OF AMERICA,  
STATE OF OHIO,  
OFFICE OF SECRETARY OF STATE

*I, Frank LaRose, Secretary of State of the State of Ohio, do hereby certify that the paper to which this is attached is a true and correct copy from the original record now in my official custody as Secretary of State.*



*Witness my hand and the seal of the Secretary of State at Columbus, Ohio this 24th day of July, A.D. 2019*

Ohio Secretary of State

A handwritten signature in cursive script, appearing to read "Frank LaRose".

Validation Number:

201920502126



DATE	DOCUMENT ID	DESCRIPTION	FILING	EXPED	CERT	COPY
07/16/2019	201919603158	LIMITED LIABILITY COMPANY - AMENDMENT (LAM)	50.00	0.00	0 00	0 00

**Receipt**

This is not a bill. Please do not remit payment.

DAY KETTERER, LTD  
ATTN: MATTHEW R. HOCHSTETLER  
200 MARKET AVE N., SUITE 300  
CANTON, OH 44702

**STATE OF OHIO  
CERTIFICATE**

**Ohio Secretary of State, Frank LaRose**  
4292088

It is hereby certified that the Secretary of State of Ohio has custody of the business records for

**R-W RENTAL, LLC**

and, that said business records show the filing and recording of:

Document(s)

**LIMITED LIABILITY COMPANY - AMENDMENT**

Effective Date: 07/12/2019

Document No(s):

**201919603158**



United States of America  
State of Ohio  
Office of the Secretary of State

Witness my hand and the seal of the  
Secretary of State at Columbus, Ohio this  
16th day of July, A.D. 2019.

**Ohio Secretary of State**

Form 543A Prescribed by:

**OFFICE OF THE**  
Ohio Secretary of State



Toll Free: (877) SOS-FILE (877-767-3453)  
Central Ohio: (614) 466-3910  
[www.OhioSecretaryofState.gov](http://www.OhioSecretaryofState.gov)  
[Busseov@OhioSecretaryofState.gov](mailto:Busseov@OhioSecretaryofState.gov)  
File online or for more information: [www.OhioBusinessCentral.com](http://www.OhioBusinessCentral.com)

Mail this form to one of the following:

Regular Filing (non-expedited)  
P.O. Box 1329  
Columbus, OH 43216

Expedite Filing (Two business day processing time.  
Require an additional \$100.00)

P.O. Box 1390  
Columbus, OH 43216

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For screen readers, follow instructions located at this path.

## Domestic Limited Liability Company Certificate of Amendment or Restatement

Filing Fee: \$50  
Form Must Be Typed

(CHECK ONLY ONE (1) BOX)

(1) Domestic Limited Liability Company

Amendment (129-LAM)

02/11/2019

Date of Formation  
(MM/DD/YYYY)

(2) Domestic Limited Liability Company

Restatement (142-LRA)

Date of Formation  
(MM/DD/YYYY)

The undersigned authorized representative of:

3153 Novus Court, LLC

Name of Limited Liability Company

4292088

Registration Number

If box (1) Amendment is checked, only complete sections that apply. If box (2) Restatement is checked, all sections below must be completed.

The name of said limited liability company shall be:

R-W Rental, LLC

Name must include one of the following words or abbreviations: "limited liability company," "limited," "LLC," "L.L.C.," "ltd." or "ltd"

This limited liability company shall exist for a period of:

Perpetual

Period of Existence

Purpose

To engage in any lawful act or activity for which limited liability companies may be formed under Ohio Revised Code 1705.01 et. seq., as the same may be amended.

By signing and submitting this form to the Ohio Secretary of State, the undersigned hereby certifies that he or she has the requisite authority to execute this document.

**Required**

Must be signed by a member, manager or other representative.

If authorized representative is an individual, then they must sign in the "signature" box and print their name in the "Print Name" box.

If authorized representative is a business entity, not an individual, then please print the business name in the "signature" box, an authorized representative of the business entity must sign in the "By" box and print their name in the "Print Name" box.



Signature

By (if applicable)

Matthew R. Hochstetler, Authorized Representative

Print Name

Signature

By (if applicable)

Print Name

Signature

By (if applicable)

Print Name