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C. LEWIS Jun 16 2011 **EXAMINER**



FLORIDA DEPARTMENT OF STATE Division of Corporations

May 17, 2011

IVO TRAVNICEK, P.A. 1819 MAIN STREET SUITE 200A SARASOTA, FL 34236

SUBJECT: MARSHAL RENTAL, LLC

Ref. Number: L11000028995

We have received your document for MARSHAL RENTAL, LLC and your check(s) totaling \$50.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Because articles of correction must be submitted within 30 business days of the filed date, the enclosed document cannot be filed and is being returned to you.

We are enclosing the proper form(s) with instructions for your convenience.

If you have any further questions concerning your document, please call (850) 245-6047.

Letter Number: 511A00012238

Carolyn Lewis
Regulatory Specialist II
Registration/Qualification Section

www.sunbiz.org

COVER LETTER

10: Registration Section Division of Corporations						
SUBJECT: Marshal Rand (LC) 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:						
Tvo Traunicat, 2A. Name of Person						
Ivo Travnicak Attorney at Law Firm/Company						
1819 Main St, Scita 200A						
Sarasota, FC 34236 City/State and Zip Code						
itravnicat @ Sarasote Dizlaw. Com E-mail address: (to be used for future annual report notification)						
For further information concerning this matter, please call:						
INO Travnicek, P.A. a. (RU) 3lele-1195						
Name of Person Area Code & Daytime Telephone Number						
Enclosed is a check for the following amount:						
\$25.00 Filing Fee \$\ \text{Certificate of Status} \text{S55.00 Filing Fee & Certified Copy (additional copy is enclosed)} \$\ \text{S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)} \text{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

FILED

	OF	2011 JUN 15	PH IO: HL
Name of the Limited Liability C. (A Florida Lim	ompany as it now appears on ted Liability Company)	PAULAHASSE	OF STATE FLORIDA
The Articles of Organization for this Limited Liability Com Florida document number <u>L/1000089955</u> .	npany were filed on 3	19/2011	_ and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited	d liability company here:		
The new name must be distinguishable and end with the words "L.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRES)	Masha	"the designation "LLC Panal MMUNO EN, FC 3	"or the abbreviation LC LV
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	Marshal 1410 Com Bradenton	Rantal, Co marca Bluo 1, FC 342	(C 1. 143
B. If amending the registered agent and/or registere registered agent and/or the new registered office address		records, enter the	name of the new
Name of New Registered Agent:			
New Registered Office Address:	Enton	Florida street address	
	Enter	rioriuu sireei uuuress	

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 608, 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 the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

	= Manager ∕I = Managing Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add Remove
			Add Remove
			Add Remove
	-		Add Remove
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	_		Add Remove
D. If a	City of Saraso address and mail The correct city	tais incorract for additional sheets, if necessary to incorract for line additional sheets, if necessary to a sheet sheets, if necessary to a sheet sheets, if necessary to a sheet sheet sheet sheets and a sheet s	- Principal
Dated _	address'	For authorized representative of a member	2011 JAN 15 PM IN 44
	Typed	or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00