L04000077028

(Re	questor's Name)	
(Ad	dress)	
——————————————————————————————————————	dress)	
(Cit	y/State/Zip/Phone	e #)
· PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
(DC	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



600267503686

12/22/14--01022--010 **25.00



TEN 22.2015

COVER LETTER 🐢

TO: R	egistration Sec ivision of Corp	ction porations	± √ 1	•
eun ie <i>c</i> a		ACQUISITIONS, LLC		
SUBJECT	:	Name of Lim	ited Liability Company	
The enclos	ed Articles of	Amendment and fee(s) are sub	unitted for filing	
		ndence concerning this matter	· ·	
		Samuel J. Heller, Es	sq.	
		- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	Name of Person	
		Heller Goldberg, P.A	٨.	
			Firm/Company	
		200 Central Avenue	, Suite 2000	
			Address	
		St. Petersburg, FL 3	3701	
			City/State and Zip Code	
		sheller@hellergoldbe	•	
			to be used for future annual report notific	ation)
For further	information co	oncerning this matter, please c	all:	
Samuel	J. Heller, E	sq.	727 898-5200 at ()	
	Name of	Person	Area Code Daytime	Telephone Number
Enclosed is	s a check for th	e following amount:		
\$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



January 7, 2015

SAMUEL J HELLER, ESQ. HELLER GOLDBERG, P.A. 200 CENTRAL AVENUE, SUITE 2000 ST. PETERSBURG, FL 33701

SUBJECT: RENTAL ACQUISITIONS, LLC

Ref. Number: L04000077028

We have received your document for RENTAL ACQUISITIONS, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

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.

Neysa Culligan Regulatory Specialist II

Letter Number: 115A00000275

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED 2015 JAN 20 PM 12: 19 SECRETARY OF STATE TALLAHASSEE, FLORIDA

RENTAL ACQUISITIONS, 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 Liab Florida document number L04000077028	ility Company w	ere filed on 10/25/04	and assigned
This amendment is submitted to amend the follow	ing:		
A. If amending name, enter the new name of the	ne limited liabilit	y company here:	
The new name must be distinguishable and end with the wor	rds "Limited Liabilit	y Company," the designation	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicab	le:		
(Principal office address MUST BE A STREET	ADDRESS)		
	-		
Enter new mailing address, if applicable:	-		
(Mailing address MAY BE A POST OFFICE BO	<u>)X)</u>		
B. If amending the registered agent and/or registered agent and/or the new registered offic		e address on our rec	ords, enter the name of the new
Name of New Registered Agent:	Samuel J. Hel	ler, Esq.	
New Registered Office Address:	200 Central A	venue, Suite 2000	
		Enter Florida street a	ddress
	St. Petersburg	<u> </u>	, Florida <u>33701</u>
		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

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>	Type of Action
MGRM	Gideon Rechnitz	3434 17th Avenue North	Add
		St. Petersburg, FL 33733	■ Remove
MGRM	Patricia Rechnitz	3434 17th Avenue North	■ Add
		St. Petersburg, FL 33733	□ Remove
MRG	Fallon Rechnitz	3434 17th Avenue North	■ Add
		St. Petersburg, FL 33733	☐ Remove
			□ Remove
			☐ Remove
			□ Remove

•	•	
	•	
	. , ,	
Effective date, if other than	n the date of filing:	(optional)
Effective date, if other than The effective date must be specific the date this document is filed by	n the date of filing: c, cannot be prior to date of receipt or filed date and cannot be more than 90 the Florida Department of State)	(optional) days after
the date this document is filed by the December 9		(optional) days after
the date this document is filed by t	the Florida Department of State)	(optional) days after
the date this document is filed by the December 9	the Florida Department of State)	(optional) days after
the date this document is filed by the December 9	the Florida Department of State) 2014	(optional) days after
the date this document is filed by the December 9	Signature of a member or authorized representative of a member	(optional) days after

Page 3 of 3

Filing Fee: \$25.00

