

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H17000253169 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : DAVIS, SCHNITKER, REEVES & BROWNING,

Account Number : 119980000057

Phone : (350)973-4186

Fax Number

: (350)973-8554

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

	Address:	
- 11 11 11 1	ACCICL GUU:	

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN C & E RENTALS, L.L.C.

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

DIVIDION OF CORPORATIONS

O SHAMONS

Electronic Filing Menu

Corporate Filing Menu

Help

SEP 27 2017

## COVER LETTER

(((H17000253169:3)))

	distration Serision of Corp				
enn mere.	C & E RENTALS, L.L.C.				
SUBJECT:		Name of Limited Liability Company			
The enclosed	d Articles of a	Amendment and fee(s) are sub	mitted for filing.		
Please return	ali correspo	ndence concerning this matter	to the following:		
		ADOLFO DULAY			
			Name of Person		
		C & E RENTALS, L.L.C.			
			Firm/Company		
		228 NE HANCOCK STRI	EET		
			Address	<del></del> -	
		MADISON, FLORIDA 32	2340		
			City/State and Zip Code		
		ceproperties8960@gmail.co			
		E-mail address: (	to be used for future annual report noti	fication)	
For further i	nformation c	oncorning this matter, please c	all:		
CHRISTIN	E DULAY		407 470-3091		
	Name o	f Person	Area Code Daytim	c Telephone Number	
Enclosed is	a check for th	ne following amount:			
\$25.00 1	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 in enclosed)	
	MAIII S	TAIC A DINUESC.	STREET/COURT	FR ADDRESS:	

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Taliahassee, FL 32314 STREET/COURIER ADDRESS:

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

(((HL7000253169 3)))

## ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION

OF

(((H17000253169 3)))

C & E RENTALS,L.L.C.		
(Name of the Limited Liability Com (A Florida Limite	nany as it now appears on our records.) ad Liability Company)	
The Articles of Organization for this Limited Liability Compar	ny were filed on July 25, 2001	and assigned
Florida document number L01000012271	क । 'शर'	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited list	ability company here:	
The new name must be distinguishable and contain the words "Limited Lis	ability Company," the designation "LLC" or	the abbreviation "L.C."
Enter new principal offices address, if applicable:		S
(Principal office address MUST BE A STREET ADDRESS)		
		· · · · · · · · · · · · · · · · · · ·
Enter new mailing address, if applicable:		7. 2
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered registered agent and/or the new registered office address h		nter the name of the new
Name of New Registered Agent:	· ·	
New Registered Office Address:		
	Enter Florida street address	•
	, Floric	
	City	Zip Code

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

Page 1 of 3

(((H17000253169 3)))

(((H17000253169 3)))
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
MOR	Christine Dulay	8960 Heritage Bay Circle	■ Add
		Orlando, Florida 32836	☐ Remove
			☐ Change
			□ Remove
			☐ Change
			TISE TI
			Remove
		Change Change	
			☐ Remove
			☐ Change
			C1 Add
			☐ Remove
			☐ Change
	<u> </u>		Add
			□ Remove
			☐ Change

). If ame	(((H17000253169 3))) inding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
-	
-	
_	
_	
_	¢.
-	
-	
-	<u> </u>
-	F 1 L L T SEP 26 AH 8: 31
_	P 26 AH 8: 31
-	
_	
_	
_	
F Estat	ive date, if other than the date of filing: (optional)
(If an off <u>Note:</u> docum	bective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b) If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the ent's effective date on the Department of State's records.
f the red b) The	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
Dated	September 2 (Q. 2017
	Signature of a member or authorized representative of a member
	CHRISTINE DULAY  Typed or printed name of signed

Page 3 of 3

Filing Fee: \$25.00

(((H17000253169 3)))