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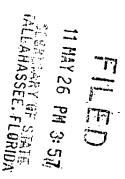
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D. BRUCE

MAY 27 2011

EXAMINER

COVER LETTER

Registration Section

TO:

Division of C	Corporations			
SUBJECT:	Native Rer	ntal Properties, LLC		
		nited Liability Company	······	_
The enclosed Articles	of Amendment and fee(s) are su	ubmitted for filing.		
Please return all corre	spondence concerning this matte	er to the following:		
		Jacquelyn Ekblom		_
		Name of Person		
	Nati	ve Rental Properties, LLC		
		Firm/Company		_
		154 Fontaine Dr.		
		Address		
		Tavernier, FI 33070		
		City/State and Zip Code		- AHA
	jacquel	lyn@nativeconstruction.cor	n	26 888
	E-mail address:	(to be used for future annual report noti	fication)	
For further informatio	n concerning this matter, please	call:		PH 3: 5.7 OF STATE OF STATE
Ja	cquelyn Ekblom	at (305)	852-3116	5 3
	e of Person	at (305) Area Code & Daytin		ber
Enclosed is a check fo	r the following amount:			
✓ \$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed	Certifi d) Certifi	Filing Fee, cate of Status & ed Copy onal copy is enclosed)
Reg Divi P.O.	ILING ADDRESS: istration Section sion of Corporations Box 6327 ahassee, FL 32314	STREET/COUR Registration Section Division of Corpo Clifton Building 2661 Executive Control Tallahassee, FL 32	on orations enter Circle	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Native Rental I	Properties, LLC			
(Name of the Limited Liability Comp (A Florida Limited	any as it now appears on our reco Liability Company)	rds.)		
The Articles of Organization for this Limited Liability Compan Florida document numberL0400064314	ny were filed onAugust 30	, 2004 and assigned		
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited lia	bility company here:			
The new name must be distinguishable and end with the words "Lin"L.L.C."	nited Liability Company," the desig	nation "LLC" or the abbreviatio		
Enter new principal offices address, if applicable:		<u> </u>		
(Principal office address MUST BE A STREET ADDRESS)		The second		
		ASS		
Enter new mailing address, if applicable:	154 Fontaine Dr.	THE STATE OF THE S		
(Mailing address MAY BE A POST OFFICE BOX)	Tavernier, Florida 33070			
	· · · · · · · · · · · · · · · · · · ·	· 5		
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address he		enter the name of the nev		
Name of New Registered Agent:				
New Registered Office Address:	Enton Florida et	waat addwara		
	Enter Florida street address			
		rida		
	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 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 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:

MGR = Manager MGRM = Managing Member **Title** <u>Name</u> **Address Type of Action MRGM** Jacquelyn Ekblom 154 Fontaine Dr. ✓ Add Tavernier, FL33070 Remove ☐ Add Remove Remove \Box Add Remove ∏Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Signature of a member or authorized representative of a member

Page 2 of 2

Filing Fee: \$25.00