206000064256

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAI	Ł
(Business Entity Name)	··-
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	
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December 4, 2018

ANTONIO GONZALEZ 1820 N CIORPORATE LAKES BLVD STE 204 WESTON, FL 33326

SUBJECT: ANDY PEREZ JR. RENTAL, L.L.C.

Ref. Number: L06000064256

We have received your document for ANDY PEREZ JR. RENTAL, L.L.C. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION, but your entity is a LLC. Please complete and return the enclosed blank form(s).

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

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.

Octavia L Simmons Regulatory Specialist III

Letter Number: 518A00024809

COVER LETTER

Divis	sion of Corpo	rations		
CHDIECT.	ANDY PER	EZ JR. RENTAL, LLC		
SUBJECT: _		Name of Lim	ited Liability Company	
The enclosed	Articles of Ar	mendment and fee(s) are sub-	mitted for filing.	
Please return	all correspond	ence concerning this matter	to the following:	
		ANTONIO GONZALEZ		
			Name of Person	
		GONZALEZ & ASSOCIA	ATES III PA	
			Firm/Company	
		1820 N CORPORATE LA	KES BLVD STE 204	
			Address	
		WESTON, FL 33326		
			City/State and Zip Code	
		AGONZALEZ@AMEFIN		
		E-mail address: (to be used for future annual report not	affication)
For further in	formation con	cerning this matter, please ca	all:	
ANTONIO (GONZALEZ		954 773-7286	
	Name of P	erson	Area Code Daytin	ne Telephone Number
Enclosed is a	check for the	following amount:		
□ \$25.00 Fi	ling 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:

TO:

Registration Section

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 OF

ANDY PEREZ JR.			
(Name of the Limit	ted Liability Compa (A Florida Limited l	ny as it now appears on our liability Company)	records.)
The Articles of Organization for this Limited L. Florida document number	iability Company	were filed on06/23/2000	and assigned
This amendment is submitted to amend the foll	owing:		
A. If amending name, enter the new name o	f the limited liab	ility company here:	•
N/A			
The new name must be distinguishable and contain the v	vords "Limited Liabi	lity Company," the designation	
Enter new principal offices address, if applic	able:	N/A	
Principal office address MUST BE A STREE	ET ADDRESS)		<u>۔۔</u> بہہ
			<u>. ගි</u>
Enter new mailing address, if applicable:		N/A	
Mailing address MAY BE A POST OFFICE	BOX)		
			<u> </u>
B. If amending the registered agent and registered agent and/or the new registered of Name of New Registered Agent:	ffice address her		ecords, <u>enter the name of the</u>
Name of New Registered Agent. 1820 N CORPORATE LAKES BLVD SUITE 204		ure 201	
New Registered Office Address:	1820 N CORP	Enter Florida street	
	WESTON		, Florida
			. FIULIUA

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

Page 1 of 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

Title	<u>Name</u>	Address	Type of Action
	N/A 		Add
			Remove
			☐ Change
	N/A		
			Remove
			Change
			Add
			□ Remove
			Change
			□ Remove
			Change
			Remove
			Change
			
			☐ Remove
			Change

N/A	
	· .
	<u> </u>
	<i>∴</i> ,
ctive date, if other than the date of filing:	(optional)
etive date, if other than the date of filing: Plective date is listed, the date must be specific and cannot be prior to date of file. If the date inserted in this block does not meet the applicable statuto	ling or more than 90 days after filing.) Pursuant to 605.0
iment's effective date on the Department of State's records.	my ming requirements, this date will not be inseed
ecord specifies a delayed effective date, but not an effec	ctive time, at 12:01 a.m. on the earlier
ne 90th day after the record is filed.	
, 12/10/2018	
d	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00