406000095682

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	egistration Se ivision of Cor			
CUBICCT		ENTALS, LLC.		
SUBJECT	:	Name of Lim	ited Liability Company	
The enclos	ed Articles of	Amendment and fee(s) are sub	mitted for filing.	Person Impany The sess In a Code The sess The sess of the ses
Please retu	rn all correspo	indence concerning this matter	to the following:	
		BRUNO E. RAMOS		
			Name of Person	
		ACTION RENTALS, LLC		
			Firm/Company	
		3075 NW SOUTH RIVER	DRIVE	
			Address	
		MIAMI, FLORIDA 33142	:	
		· 	City/State and Zip Code	
		doga.meric@beai.com		
		E-mail address: (to be used for future annual report notific	ration)
For further	information c	oncerning this matter, please co	all:	
BRUNO I	E. RAMOS			
	Name o	f Person	at () Area Code Daytime *	Telephone Number
Enclosed is	s a check for th	ne following amount:		
\$25.00) Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy
	Lailing Addres			ion
D	oivision of C	Corporations	Division of Corpo	orations
	.O. Box 632 allahassee. I		The Centre of Ta 2415 N. Monroe	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

3

ACTION RENTALS, LLC		5 17
(Name of the Limited Liability Compa (A Florida Limited	any as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number L06000095682	were filed on 09/29/2006	assigned
This amendment is submitted to amend the following:		on and
A. If amending name, enter the new name of the limited liab	oility company here:	
ACTION RENTALS MIA, LLC		
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or t	he abbreviation "L.L.C."
Enter new principal offices address, if applicable:	3075 NW SOUTH RIVER DRIVE	, MIAMI, Fl. 33142
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:	3075 NW SOUTH RIVER DRIVE	, MIAMI, FL 33142
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter the</u>	name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	. Florid	a
	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 Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			🗆 Add
			□Remove
			□Change
			🗆 Add
			□Remove
			□ Change
			DAdd
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ctive date, if other than the da	e en		(
effective date, if other than the date effective date is listed, the date must be to be the date inserted in this block iment's effective date on the Department.	e specific and cannot be prior to to does not meet the application	to date of filing or more th	an 90 days after filing.) Pur	suant to 605.02 not be listed
ord specifies a delayed effective d	ate, but not an effective tin	ne, at 12:01 a.m. on the	e earlier of: (b) The 90	th day after th
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SEPTEMBER 28	2020			
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