

L08000009851

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600146411406

03/30/09--01036--019 **25.00

FILED

09 MAR 30 PM 2:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. BRYAN

MAR 31 2009

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ORLANDO RENTAL STORE, LLC
(Name of Limited Liability Company)

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

MARK C KALEY
(Name of Person)

BIG APPLE CONSULTING USA, INC.
(Firm/Company)

2101 WEST STATE ROAD 434, SUITE 100
(Address)

LONGWOOD, FL 32779
(City/State and Zip Code)

FILED
09 MAR 30 PM 2:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

MARK KALEY at (407) 884-0444
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

FILED
09 MAR 30 PM 2:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ORLANDO RENTAL STORE, 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 Liability Company were filed on 1/28/08 and assigned
Florida document number L 08000009851

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

2101 WEST STATE ROAD 434
SUITE 100
LONGWOOD, FL 32779

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

(AS ABOVE)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

MARK C. KALEY

New Registered Office Address:

2101 WEST STATE ROAD 434, SUITE 100

(Enter Florida street address)

LONGWOOD

(City)

, Florida

32779

(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 Changing Registered Agent, Signature of New Registered Agent)

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:

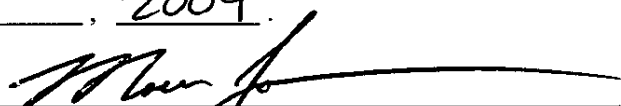
MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	PETER VOIGT	280 WOKIVA SPRINGS ROAD SUITE 2030 LONGWOOD, FL 32779	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	MARC TABLON	2101 WEST STATE RD. 434 SUITE 100 LONGWOOD, FL 32779	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	BILL PETERSEIM	2101 WEST STATE RD 434 SUITE 100 LONGWOOD, FL 32779	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	GREG MAGUIRE	2101 WEST STATE RD 434 SUITE 100 LONGWOOD, FL 32779	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

FILED
09 MAR 30 PM 2:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Dated MARCH 27, 2009.



Signature of a member or authorized representative of a member
MARC TABLON

Typed or printed name of signee