L08000056379

(Requestor's Name)
(Address)
(Addiess)
(Address)
(City/State/Zip/Phone #)
(Only State) Zipir Holle #)
PICK-UP WAIT MAIL
•
(Business Entity Name)
(business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Certified Copies Certificates of Status
•
Special Instructions to Filing Officer:
3

Office Use Only



800203704928

10/29/12--01024--003 **685.00

SECRETARY OF STATE TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: RENTALS 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:
Tim Parm enter Name of Person
R&T Rentals LLC Firm/Company
200 Plaza Drive
Lehigh Acres 4 33936 City/State and Zip Code
Ethail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Tim Paimenter at B9 303 · 0317 Name of Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\ \times \text{S25.00 Filing Fee & Certificate of Status} \text{Certified Copy (additional copy is enclosed)} \text{\$\text{S60.00 Filing Fee, Certified Copy (additional copy is enclosed)}} \text{\$\text{\$\text{Certified Copy (additional copy is enclosed)}}} \text{\$\text{\$\text{\$\text{Certified Copy (additional copy is enclosed)}}} \$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\t

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 SECRETARY OF STATE TALLAHASSEE, FLORIDA

12 OCT 29 PM 1: 20

R T Renta	upany as it now appears on our records.) sed Liability Company)
. (A Florida Limit	ded Liability Company)
The Articles of Organization for this Limited Liability Comp	pany were filed on 6 - 6 - 2008 and assigned
Florida document number <u>L 08 000 56 379</u>	
This amendment is submitted to amend the following:	·
A. If amending name, enter the new name of the limited	liability company here:
R&TRentals LLC	
The new name must be distinguishable and end with the words "L.L.C."	Limited Liability Company," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:	200 Player Drive
(Principal office address MUST BE A STREET ADDRESS	ς)
	Lehigh Acres 71 33936
Enter new mailing address, if applicable:	200 Plaza Drive
(Mailing address MAY BE A POST OFFICE BOX)	
·	Lehigh Acres 71 33936
B. If amending the registered agent and/or registered registered agent and/or the new registered office address	l office address on our records, enter the name of the new here:
Name of New Registered Agent: Tim	Parmenter
New Registered Office Address: 753	Missor Laka Drive Enter Florida street address
Λ.,	
Lehie	h Acces, Florida 33974 City Zip Code
	Ση 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, Starture of New Registered Agent

If amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>		<u>Address</u>	Type of Action
mgrm	Tim Parma	wher_	Lehigh Acros 4 33936	Add Remove
				Add Remove
				Add Remove
D. If amen	ding any other informa	ion, enter chang	e(s) here: (Attach additional sheets, if necessary.)	
_				
		13 0-		
Dated	oct, 25	-	r or authorized representative of a member	
		m Pa	2 Y W ENTER or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00