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C. LEWIS NOV 9 2010 EXAMINER

## **COVER LETTER**

TO:

P.O. Box 6327

Tallahassee, FL 32314

	ation Se n of Cor	ction porations	*			
CUDIECT.		MSP RENTAL OF (	CENTRAL FLORIDA. LI	.C		
SUBJECT: MSP RENTAL OF CENTRAL FLORIDA, LLC  Name of Limited Liability Company						
The enclosed Art	ticles of	Amendment and fee(s) are sub	emitted for filing.			
Please return all	correspo	ndence concerning this matter	to the following:			
		1	DOUGLAS MYERS			
	Name of Person					
		MSP RENTAL OF CENTRAL FLORIDA, LLC				
			Firm/Company			
	4611 DIGNAN STREET					
	Address					
		JAC	CKSONVILLE FL 32254			
			City/State and Zip Code			
		E-mail address: (to be used for future annual report notification)				
For further inform	mation c	oncerning this matter, please c	all:			
	DOU	GLAS MYERS	at ( 904 ) 3	389-6114		
Name of Person		f Person	Area Code & Daytime	Telephone Number		
Enclosed is a che	eck for th	ne following amount:				
<b>▼</b> \$25.00 Filing	; 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: Registration Section Division of Corporations		ation Section	STREET/COURIE Registration Section Division of Corpora			

Clifton Building

2661 Executive Center Circle

Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

2010 NOV -8 PM 總 00

MSP RENTAL OF CENTRAL FLORIDA, LLCALLAHASSEE, FLORIDA (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 onAUGUST 8, 2	008 and assigned	
Florida document numberL08000076494			
This amendment is submitted to amend the following:			
A. If amending name, <u>enter the new name of the limited liab</u>	ility company here:		
The new name must be distinguishable and end with the words "Limi"L.L.C."	ited Liability Company," the designation	on "LLC" or the abbreviation	
Enter new principal offices address, if applicable:	11339 ROCKET BOULEVARD		
(Principal office address MUST BE A STREET ADDRESS)	ORLANDO FL 32824		
Enter new mailing address, if applicable:	4611 DIGNAN STREET		
(Mailing address MAY BE A POST OFFICE BOX)	JACKSONVILLE FL 32254		
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her		ter the name of the new	
Name of New Registered Agent:		·	
New Registered Office Address:	Enter Florida street	address	
•	, Florida		
	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

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	TERESA MYERS	6246 RIVIERA MANOR DRIVE JACKSONVILLE FL 32216	Add Remove
<del></del>			Add Remove
<del></del>			Add Remove
<u></u>			Add Remove
			Add Remove
			Add Remove
D. If amend	ing any other information, enter change	(s) here: (Attach additional sheets, if necessary.)	_
		7.10	20101
 Dated	OCTOBER 31 , 201	or authorized researchative of a member	
	C P DOI	or authorized refresentative of a member  UGLAS MYERS  operinted name of signee	00

Page 2 of 2

Filing Fee: \$25.00