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PICK-UP	☐ WAIT	MAIL
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(Do	cument Number)	
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SECRETARY OF STATE
SECRETARY OF STATE

C. LEWIS

JUL 1 5 2010

EXAMINER

COVER LETTER

TO: Registration Section Division of Corpo	ion *** orations	* * * * * * * * * * * * * * * * * * * *	***		
parties that the same					
SUBJECT:		ls of SW Florida LLC			
	Name of Limit	ted Liability Company			
The enclosed Articles of Ar	mendment and fee(s) are sub	mitted for filing.			
Please return all correspond	lence concerning this matter	to the following:			
	<u> </u>	Bruce K. Harwood II			
	Name of Person				
	Tropical	Rentals of SW Florida LLC	,		
Firm/Company					
		836 SE 47th ST			
		Address			
	С	ape Coral, FL 33904			
		City/State and Zip Code	······		
	Bt	narwood25@aol.com			
	E-mail address: (to	o be used for future annual report notifi	cation)		
For further information con-	cerning this matter, please ca	all:			
Bruce k	K. Harwood II	at (239)	471 -7 128		
Name of P		Area Code & Daytime			
Enclosed is a check for the	following amount:				
▼ \$25.00 Filing Fee	\$30.00 Filing Fee &	\$55.00 Filing Fee &	\$60.00 Filing Fee,		
	Certificate of Status	Certified Copy (additional copy is enclosed)	Certificate of Status &		

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

2010 JUL 14. AM 13: 48

Name of the Limite	cal Rentals of SW Florida	a LLC St. C	REJAKT OF STATE
(Name of the Limited)	d Liability Company as it now apped Florida Limited Liability Company	ears on our records.)L	MUMOSEETTESTIC
•			
The Articles of Organization for this Limited L	Liability Company were filed on	9/18/2009	and assigned
Florida document numberL0900009	0612		
This amendment is submitted to amend the following	lowing:		
A. If amending name, enter the new name o	of the limited liability company h	ere:	
The new name must be distinguishable and end wi"L.L.C."	ith the words "Limited Liability Com	pany," the designation	"LLC" or the abbreviation
Enter new principal offices address, if appli	cable:		
(Principal office address MUST BE A STREI	ET ADDECC		
			_
Enter new mailing address, if applicable:			
3 , II			
(Mailing address MAY BE A POST OFFICE	<u></u>		
R If amending the registered agent and	/or wordstand office address on		. 41
B. If amending the registered agent and registered agent and/or the new registered or	ffice address here:	our records, <u>enter</u>	the name of the new
Name of New Registered Agent:	Bruce K. Harwood II		
Now Positional Office Address			
New Registered Office Address:		Enter Florida street ac	ddress
		, Florida _	7: 0 1
	City	1	Zip Code
New Registered Agent's Signature, if changing	Registered Agent:	//	
I have by account the appointment on reciptor	ad against and against to ansitus this	Alian I Gundan	
I hereby accept the appointment as register the provisions of all statutes relative to the i	ea ageni ana agree 10 act in inis proper and complete performan	ce lli my duties, and	gree to comply with I am familiar with and
the provisions of all statutes relative to the paccept the obligations of my position as reg	istered agent as provided for in	Green 608, F.S. O	r, if this document is
being filed to merely reflect a change in the	registered office address, I here	hyconfirm that the l	'imited liability
company has been notified in writing of this	change.	V// /	

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>	Type of Action
<u>MGR</u>	Brad Ramey	4509 SW 22nd AVE Cape Coral, FL 33914	Add Remove
			Add Remove
			Add Remove
			AddRemove
			Add Remove
			Add Remove
D. If amen	ding any other information,	enter change(s) here: (Attach additional sheets, if necess	iary.)
_			
_			70
Dated	June 30th		PILLAHASSEE, FL
	Signature	of a member or authorized representative of a member	mo in
		Bruce K. Harwood II	E.FLORID
		Typed or printed name of signee	REAL STATES
		Page 2 of 2	P

Filing Fee: \$25.00