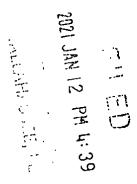
## L10000012224

(Re	equestor's Name)	
(Ad	ddress)	
(Ac	ddress)	
(Ci	ty/State/Zip/Phon	e #)
PICK-UP	WAIT	MAIL
(Bi	usiness Entity Nar	me)
(De	ocument Number)	-
ertified Copies	Certificate:	s of Status
Special Instructions to	Filing Officer:	
	Office Use On	ıly



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2/18/21

## **COVER LETTER**

O: Registration So Division of Co			
RentSmart		• .•	•
ИВЈЕСТ:		sited Liability Company	· ·
ne enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
ease return all correspo	ondence concerning this matter	to the following:	
	David Knight		
		Name of Person	
	RentSmartUSA LLC		
		Firm/Company	<del></del>
	656 Formosa Ave		
		Address	
	Winter Park FL 32789		
		City/State and Zip Code	
	Dave@RentSmartUSA.con		·
or further information c	E-mail address: ( concerning this matter, please c	to be used for future annual report not all:	ification)
avid Knight		407 453-1331 at ( )	
Name o	f Person	Area Code Daytin	ne Telephone Number
nclosed is a check for t	he following amount:		
■ \$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 Addres	<del></del>	Street Address:	
Registration Section Division of Corporations		Registration Section Division of Corporations	
P.O. Box 632	27	The Centre of T	
Tallahassee,	FL 32314	2415 N. Monro	e Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

RentSmartUSA LLC		
( <u>Name of the Limited Liability Compar</u> (A Florida Limited L	ny as it now appears on a liability Company)	our records.)
The Articles of Organization for this Limited Liability Company Florida document number <u>L1000001224</u> .	were filed on $\frac{2.2.2010}{}$	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	lity company here:	
The new name must be distinguishable and contain the words "Limited Liabili	ity Company," the designa	ation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)		202
		JAN 12
Interney mailing address if applicable.		2
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)	<del></del>	
		<u> </u>
3. If amending the registered agent and/or registered office a gent and/or the new registered office address here:	ddress on our record	ds, <u>enter the name of the new register</u>
Name of New Registered Agent:	<del></del>	
New Registered Office Address:		<del></del>
	Enter Florida street address	
<del></del>	Clini	, Florida
Desired Annual Control of the Contro	Cuy	Zip Code
hereby accept the appointment as registered agent and agree ovisions of all statutes relative to the proper and complete procept the obligations of my position as registered agent as pring filed to merely reflect a change in the registered office of mpany has been notified in writing of this change.	performance of my a rovided for in Chap	Zip Code city. I further agree to comply with luties, and I am familiar with and ter 605, F.S. Or, if this document i

If Changing Registered Agent, Signature of New Registered Agent

f amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>l'itle</u>	<u>Name</u>	Address	Type of Action
мGR ———	Jeremiah Sisson	424 E. Central Blvd #536 Orlando FL 32801	<b>=</b> Add
			□Remove
			□Change
			□Add
			□Remove
			☐ Change
			□Add
			□Remove
		<del></del>	□ Change
			□ Add
			□ Remove
			□Change
<del></del>		<del></del>	□Add
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			□ Remove
			□Change

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	1.6.21
ective	e date, if other than the date of filing: (optional) (optional) ive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.020
<u>te:</u> If	the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a
cumer	t's effective date on the Department of State's records.
and.	annoiff and delivered officering days have a good of the state of the
is filed	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after th
1. ted	
	Signature of a member or authorized representative of a member
	C C C C C C C C C C C C C C C C C C C
	David Knight