## 10000063137

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**EXAMINER** 



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SECRETARY OF STATE

## **COVER LETTER**

TO: Registration Sec Division of Corp	ction porations	· • • • • • • • • • • • • • • • • • • •		
SUBJECT:	Re	entt, LLC		
SOBSECT:		ed Liability Company		
The enclosed Articles of A	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspon	ndence concerning this matter	to the following:	•	
		Guy Rabideau	· .	
		Name of Person		
		Firm/Company	<u> </u>	
	400 R	oyal Palm Way, Suite 204		
	-	Address	,	
	Palr	n Beach, Florida 33480		
	au	City/State and Zip Code		
	E-mail address: (t	y@guyrabideau.com o be used for future annual report notif	ication)	
For further information co	oncerning this matter, please co	all:		
	y Rabideau	at (	655-6221	
Name of	Person :	Area Code & Daytim	e Telephone Number	
Enclosed is a check for th	e following amount:		1	
\$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	i)

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

	Rentt, LLC			
( <u>Name of the Limited Liabi</u> (A Florid	lity Company as it now appea la Limited Liability Company)	rs on our records.)		
The Articles of Organization for this Limited Liability	Company were filed on	May 17, 2010	and assigne	ed .
Florida document number L10000053127	<u> </u>			
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the li	mited liability company he	re:		
The new name must be distinguishable and end with the v "L.L.C."	words "Limited Liability Comp	any," the designation "Ll	LC" or the abbre	 eviation
Enter new principal offices address, if applicable:		A		
(Principal office address MUST BE A STREET AD	DRESS)			
	***************************************			
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BOX)				
		,		
B. If amending the registered agent and/or reg		our records, enter th	e name of th	ie new
TOTAL TOTAL TOTAL TOTAL TOTAL CONTROL OF THE CONTRO		3	Fig. 32	
Name of New Registered Agent:		·		<del>-17</del> -
New Registered Office Address:	P.	nter Florida street addr	<b>&gt;</b> = "	entrick.
	£.		F 32	m
	City	, Florida	Code	0
New Registered Agent's Signature, if changing Registe	ered Agent:		<b>1</b> 00	

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>	Name	Address	Type of Action
MGR_	Guy Rabideau	400 Royal Palm Way, Suite 204 Palm Beach, Florida 33480	☐ Add ☑ Remove
MGR_	Damien Barr	400 Royal Palm Way, Suite 204 Palm Beach, Florida 33480	✓ Add Remove
<u>MGR</u>	Wade Shavell	400 Royal Palm Way, Suite 204 Palm Beach, Florida 33480	Add Remove
			Add Remove
	<u></u>		AddRemove
			Add Remove
D. If amer	nding any other information	n, enter change(s) here: (Attach additional sheets, if nec	essary.)
- -			
Dated	June 17	<u>2010</u> .	
		ure of a member or authorized representative of a member	
	G	uy Rabideau, Authorized Representative	
		Typed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00