

L10000082811

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

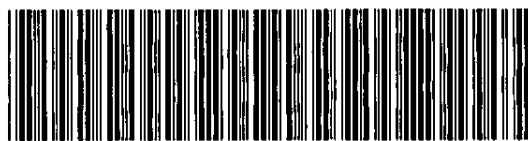
(Business Entity Name)

(Document Number)

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2013 AUG 26 PM 1:46

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

AUG 26 2013

**COVER LETTER**

TO: Registration Section  
Division of Corporations

SUBJECT: Central Florida (CFL) Rental Life Styles 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:

Himanshu Kumar

Name of Person

Central Florida (CFL) Rental Life Styles LLC.

Firm/Company

P.O. Box 951653

Address

LAKE MARY, 32795

City/State and Zip Code

CFLrental@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Himanshu Kumar

Name of Person

at (407) 733-3939

Area Code & Daytime Telephone Number

Enclosed is a check for the 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 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**

**2013 AUG 26 PM 1:46**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Central Florida (CFL) Rental LifeStyle LLC.  
(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 on 08/05/2010 and assigned  
Florida document number L10000082811.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

115 International Pkwy.  
Heathrow, FL 32746

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

P.O. Box 951653  
Lake Mary, FL 32795

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

Himanshu Kumar

New Registered Office Address:

115 International Pkwy.

*Enter Florida street address*

Heathrow, Florida 32746 32746  
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.

Himanshu Kumar

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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	Mistry, Bindu	256 SILK Bay PL	<input type="checkbox"/> Add
		Longwood FL 32750	<input checked="" type="checkbox"/> Remove
MGRM	Narula, Karam V	2933 Decx berry Ct.	<input type="checkbox"/> Add
		Longwood FL. 32779	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

**D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)**

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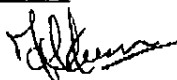
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Dated May 13<sup>th</sup>, 2013



Signature of a member or authorized representative of a member

Himanshu Kumar

Typed or printed name of signer

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Filing Fee: \$25.00

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TALLAHASSEE, FLORIDA