11/27/2017

Division of Corporations

## Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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(((H17000309930 3)))



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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : GASSMAN, CROTTY & DENICOLO, P.A.

Account Number : 075350000514 Phone : (727)442-1200

: (727)443-5829 Fax Number



\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. \*\*

Email Address:\_\_\_\_\_

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN 2810 LAKE TARPON DRIVE, L.L.C.

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Electronic Filing Menu

Corporate Filing Menu

S. WARREN



November 28, 2017

FLORIDA DEPARTMENT OF STATE

Division of Corporations

2810 LAKE TARPON DRIVE, L.L.C. 2880 CHELSEA PLACE NORTH CLEARWATER, FL 33759

SUBJECT: UNION RENTALS, L.L.C.

REF: L10000099871

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Justin M Shivers FAX Aud. #: H17000309930 Regulatory Specialist II Supervisor Letter Number: 017A00023919 Registration/Qualification Section

\* corrected filing attached

Audit Fax# H170003099303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2810 LAKE TARPON DRIVE, L.L.C.	· -		
(Name of the Limited Liability Compa- (A Florida Limited L	ay as it now appears on o liability Company)	our records.)	
The Articles of Organization for this Limited Liability Company Florida document number L10000099871	were filed on Septemb	per 23, 2010	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab			
UNION STREET The new name must be distinguishable and contain the words "Limited Liabit	RENTAL	S. L.L.C	4
The new name must be distinguishable and contain the words "Limited Liabil			
Enter new principal offices address, if applicable:	Clear Wate	ion St.	0.00
(Principal office address MUST BE A STREET ADDRESS)	Clearwate	r, FL 3	3159
Enter new mailing address, if applicable:	2995 Unio	on St.	
(Mailing address MAY BE A POST OFFICE BOX)	Clearman	ter, FL	33759
Name of New Registered Agent:	····		
New Registered Office Address:			
	Emer Florida street address		
	<u> </u>	, Florida	Zip Code
and the second house	City		Zip ( nae
New Registered Agent's Signature, if changing Registered Agent;			
I hereby accept the appointment as registered agent and approvisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent at being filed to merely reflect a change in the registered office company has been notified in writing of this change.	e performance of my provided for in Chap e address, I hereby co	aunes, and 1 am ster 605, F.S. Or onfirm that the li	if this document is mited liability
<u>ire</u> ,	inging Registered Agent,	Signature of New P	
Page	1 of 3		PHI2: 4 FO STATEE, TLORI

H17003099303

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

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
mge	maria Begoña Pulido	2995 Union St.	🗆 Add
	,	2995 Union St. Clear Water FL 33759	□ Remove
			(address Dnly)
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			Remove
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an effective date is listed, the date must be specific and cannot be prior to date of filing or min total. If the date inserted in this block does not meet the applicable statutory filing ocument's effective date on the Department of State's records.			
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Signature of a member or authorized representative of	ij # member	15 / 1 5	Ö
CHRISTOPHER J. DENICOLO, ESQUIRE, AUTHORIZED REPRES.	ENTATIVE	15.7	<u> </u>
Typed or printed name of signee			
		ى: رى ئىتر	PH 12: 47

Filing Fee: \$25.00