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## **COVER LETTER**

Division of Co				
Suncoast R SUBJECT:	ental Services LLC			
SUBJECT:	Name of Lin	uted Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
	ondence concerning this matter			
	Scott I, Rueckel			
		Name of Person		
	Suncoast Rental Services	LLC		
	<del>-</del>	Firm Company		8)
	13435 South McCall Road	1#16 Box 303		22 SEF 22 AHII: 01
		Address		(d)
	Port Charlotte FL 33981			2 **
		City/State and Zip Code	<del></del>	=
	slruke1@gmail.com			0
		to be used for future annual report notif	eation)	
For further information c	concerning this matter, please c	all:		
Scott L Rueckel		941 286-8282		
Name c	f Person	at () Area Code Duytime	Telephone Number	
Enclosed is a check for the	he following amount:			
上 \$25.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy tadditional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status Certified Copy (additional copy is each	
<u>Mailing Addres</u> Registration b Division of C	Section	Street Address: Registration Sec Division of Corp		·
P.O. Box 632	•	The Centre of Ta		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Suncoast Rental Services LLC			
( <u>Name of the Limited Liabi</u> (A Florid	lity Company as it now appears on our records.) la Limited Liability Company)		
The Articles of Organization for this Limited Liability (	Company were filed on 01/05 2011	and ass	igned
florida document number L11000001945	·		_
This amendment is submitted to amend the following:			
A. If amending name, <u>enter the new name of the lin</u>	nited liability company here:		
The new name must be distinguishable and contain the words "Lin	nited Liability Company," the designation "LLC" or the	abbreviation "L.	1C."
Enter new principal offices address, if applicable:			<u> </u>
Principal office address MUST BE A STREET ADD	RESS)	22 S	- Ti
			<u> </u>
		- N	7
Enter new mailing address, if applicable:		<b>23</b>	- 岩馬: - 高島:
Mailing address MAY BE A POST OFFICE BOX)			<del>-95</del>
J. J			<u> </u>
		<del></del> -	
<ol> <li>If amending the registered agent and/or registere gent and/or the new registered office address here:</li> </ol>	d office address on our records, <u>enter the na</u>	ime of the new	registe
-			
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida street address		<del>-</del>
	City	Ziv 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 605, 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 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

Title	<u>Name</u>	Address	Type of Action
AMBR	Susan B Rueckel	156 Marker Road Rotonda West FL 33947	<del>=</del> Add
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ective date, if other than the	date of filing:		(optional)		
effective date is listed, the date must e: If the date inserted in this blo	the specific and cannot be prior sek does not meet the applic	r to date of filing or more t cable statutory filing re	han 90 days after filing quirements, this date	.) Pursuant to 60 .will not be li:	05,020 sted :
ument's effective date on the De	partment of State's records		1		
cord specifies a delayed effective s filed.	date, but not an effective t	ime, at 12:01 a.m. on t	te earlier of: (b) Th	ie 90th day afi	ter th
September 20	2022				
ed					
/					
	Signature of a member or auth	orized representative of a	member		

Filing Fee: \$25.00