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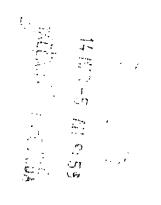
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COVER LETTER

TC		on Section · · · · · · · · · · · · · · · · · · ·	-	
SH	BJECT: Re	sidential Rental Sei	vices	
30	D0EC1	Name of Limited Lia	bility Company	
Th	e enclosed Articl	es of Amendment and fee(s) are submitted	for filing.	
Ple	ease return all cor	rrespondence concerning this matter to the	following:	
		Richard Belhun	neur	
			Name of Person	
		Residential Rei	ntal Services	
			Firm/Company	
		P.O. Box 606		
			Address	· · · · · · · · · · · · · · · · · · ·
		Flagler Beach,	FL 32136-06	606
		RRSOFC@att.net	State and Zip Code	
		_	ed for future annual report notifi	cation)
For	further information	tion concerning this matter, please call:		
F	Rick Bell	numeur	a. 386, 503-50	030
	N	ame of Person	Area Code Daytime	Telephone Number
En	closed is a check	for the following amount:		
▣	\$25.00 Filing F	ee □ \$30.00 Filing Fee & □ \$ Certificate of Status	S55.00 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

Residential Rental Services LLC		
(Name of the Limited Liability Compa (A Florida Limited)	ny as it now appears on our recor Liability Company)	rds.)
The Articles of Organization for this Limited Liability Company lorida document number <u>L11000005466</u>	were filed on 01/13/2011	and assigned
his amendment is submitted to amend the following:		
a. If amending name, enter the new name of the limited liab	ility company here:	
he new name must be distinguishable and end with the words "Limited Liab	ility Company," the designation "L	LC" or the abbreviation "L.L.C."
Inter new principal offices address, if applicable:	1015 South Flagler Av	venue
Principal office address MUST BE A STREET ADDRESS)	Flagler Beach, Florida	l
	32136-3769	
nter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
		• •
If amending the registered agent and/or registered of egistered agent and/or the new registered office address here		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addre	2.55
		lorida
	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 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 Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Ms $AMBR = At$	anager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
		<u> </u>	□ ∧dd
			Remove
			□ Remove
			Remove
			Add
			☐ Remove
			☐ Remove
			
			☐ Remove

effective of	ate, if other than the date of filing: (optional) date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after document is filed by the Florida Department of State)
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effective of date this o	date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after document is filed by the Florida Department of State) arch 02 2014
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Filing Fee: \$25.00