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(R	equestor's Name)	
(Ad	ddress)	
(A	ddress)	
(C	ity/State/Zip/Phone #)	
PICK-UP	WAIT	MAIL
(B	usiness Entity Name)	
(D	ocument Number)	
Certified Copies	Certificates of	Status
Special Instructions to	Filing Officer:	

Office Use Only



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AUG 2 5 2018 T SCHROEDER

COVER LETTER

TO: Registration S Division of Co			
DV F	RENTS, LLC		
SUBJI.CT:	Name of this	nited Flability Company	<u> </u>
The enclosed Articles o	(Amendment and Ice(s) are sal	omitted for filling.	
Pieuse return all corresp	condence concerning this matter	to the following	
	VALERIE W	ILSON	
		Name of Person	
	DV RENTS.	LLC	
	5139 VANDE	From Company IRIPE RD	
	SARASOTA.	FL 34241	
		YAHOO.COM	
		to be used for future annual report notif	ication)
VALERIE W	concerning this matter, please e ILSON	941-9	93-9815
Names	of Person	Area Code Daytime	· Telephone Number
Enclosed is a check for I	he following amount		
❤ NS 00 I dine I cc	□ \$30 00 1 ding Fee & Certificate of Status	☐ \$55.00 Filling Fee & Certified Copy (additional copy is enclosed)	□ 860 00 Filing Fee, Certificate of Status & Certified Copy (addition) copy sencosed)
	ING ADDRESS:	STREET/COURIE	(R ADDRESS)

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, 11, 32314

• • • •

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Criefe
Lallahassee, FL 32304

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DV Ponts. 10		
(A Florie	lity Company as it now appears on or da Limited Liability Company)	ir records.)
The Articles of Organization for this Limited Liability Florida document number	Company were filed on $\frac{3/36}{4.712}$	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	nited liability company here:	16 A
The new name must be distinguishable and contain the words "Lin	mited Liability Company," the designat	ion "LLC" or the abbet saijon &L.C."
Enter new principal offices address, if applicable:		20 5551
(Principal office address MUST BE A STREET ADD	RESS)	To A III
		8.
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered agent and/or the new registered office add		records, enter the name of the nev
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida stre	et address
·		, Florida
	Chy	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 Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = 'Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
Jupe	Chlerie Wilson	5139 Vanderipe Road	\$ \$ Add
		Scrax14a, FC 34241	□ Remove
			D Change
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		######################################	SD AUG NO
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		ORIDA	A A A A A A A A A A A A A A A A A A A
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<u>No</u>	fective date, if other than the date of filing: 22.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2	a Pursuant t	. 605 (). : listed	207 (3)4 as the
the	record specifies a delayed effective date, but not an effective time, at 12:01 a.m. The 90th day after the record is filed.	on the e	arlier	of:
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Page 3 of 3

Filing Fee: \$25.00