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(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phon	e #)
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AH REDTALS LIC IN OUR STATE, OUP CERTIFICATE OF STATUS WILL NEED TO DAYS. BY THE TIME WE APPLIED ID PROTALS WITHIN THE LAST 30 KAME HAD BEED TAKED. I HAVE OUR STATE AS A FOREIGN LLC THE RESERVED FOR 120 DAYS THE NAME THIS LLC WAS CHANGED FROM AB REDTALS TO AP DEFLEOR THE NAME ALL PEDITALS LILL.

COVER LETTER

	eration Section on of Corporations	
SUBJECT:	AP RENTAL LLC	
	Name of Limited Liability Company	
The enclosed A	rticles of Amendment and fee(s) are submitted for filing.	
Please return all	correspondence concerning this matter to the following:	
	RICHARD BOXLER	
	Name of Person	3
	Firm/Company	20 July 20
	2726 HARTZER ST	
	Address	
	SOUTH BEND, IN 46628 City/State and Zip Code	60
	richardboxler@yahoo.com	
For further infor	E-mail address: (to be used for future annual report notification) rmation concerning this matter, please call:	
	KAREN BOXLER at (708) 261-41	28
	Name of Person Area Code & Daytime Telepho	ne Number
Enclosed is a ch	eck for the following amount:	
\$25.00 Filing	g Fee	660.00 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 ADD Registration Section Division of Corporations Clifton Building 2661 Executive Center Circ Tallahassee, FL 32301	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

AP REN					
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now app	pears on our records.)			
The Articles of Organization for this Limited Liability Company		FEBRUARY 10, 20((MAY 44, 2012 and assigned			
Florida document number L11000070314					
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited liab	oility company	<u>here</u> :			
AH RENTALS, LLC					
The new name must be distinguishable and end with the words "Limit" L.L.C."	ited Liability Cor	mpany," the designation "LLC" or the abbreviatio			
Enter new principal offices address, if applicable:	2912 W. W	VARREN BLVD			
(Principal office address MUST BE A STREET ADDRESS)	CHICAGO	, IL 60612			
		Es B			
	· · · · · · · · · · · · · · · · · · ·	20 S			
Enter new mailing address, if applicable:					
(Mailing address MAY BE A POST OFFICE BOX)		Mo of Italian			
		50 2 177			
		276 7			
B. If amending the registered agent and/or registered of					
registered agent and/or the new registered office address her	<u>'e</u> :				
Name of New Registered Agent:					
New Registered Office Address:					
	Enter Florida street address				
		, Florida			
	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.

If amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager

<u>itle</u>	<u>Name</u>	Address	Type of Action
			Add Remove
	·	***************************************	Add Remove
	t		Add Remove
			Add Remove
			Add Remove
		96 P	Add (7)
). If amen	ding any other information, enter cl	hange(s) here: (Attach additional sheets, if necessary.)	
_			_ _
			
	6.22	12.	_
 Dated	Signature of a me	ember or authorized representative of a member	

Page 2 of 2

Filing Fee: \$25.00