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SECRETARY OF STATE

J. BRYAN

SEP - 8 2011

**EXAMINER** 

## **COVER LETTER**

TO:	Registration Se Division of Cor			
SUBJE	сст:	Rent Max Re	ited Liability Company	<del></del>
The end	closed Articles of	Amendment and fee(s) are sul	bmitted for filing.	
Please	return all correspo	ondence concerning this matter	r to the following:	
		John F Harrest 115 SE Delray	Firm/Company  4th Ave  Address  Beach FL 33483  City/State and Zip Code	H SEP-T AMILI-58 SECRETARY OF STATE SECRETARY OF STATE
		E-mail address: (	hasvestholdings Ic. com to be used for future annual aport notification	
For fur	ther information c	oncerning this matter, please of	call:	
	John R. Name o	Epasius f Person	at (954) 444 6605 Area Code & Daytime Tele	phone Number
	ed is a check for th	ne following amount:  \$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

Rent M	14x Realty LLC	
(Name of the Limited L (A F	iability Company as it now appear lorida Limited Liability Company)	rs on our records.)
The Articles of Organization for this Limited Lial Florida document number	onny company were med on	8-[8-20]] and assigned
This amendment is submitted to amend the follow	ving:	
A. If amending name, enter the new name of t	he limited liability company her	<u>e</u> :
The new name must be distinguishable and end with "L.L.C."	the words "Limited Liability Compa	my," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicat	ble:	
(Principal office address MUST BE A STREET	ADDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE Bo	<u></u>	FILED SECRETARY OF S
B. If amending the registered agent and/or registered agent and/or the new registered office	registered office address on o ce address here:	our records, enter the name of the new
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 Changing Registered Agent, Signature of New Registered Agent

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

MGR = Manager

MGRM = Managing Member **Address Type of Action** Title Name Massimo Prestianni ☐ Add Remove ☐ Add Remove  $\prod$ Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) FEI/EIN Number is 45-3071950 2011 Signature of a member or authorized representative of a member Typed or printed name of signee

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Filing Fee: \$25.00