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To:

Division of Corporations

Fax Number : (850) 617-6383

From:

: J L HOFMANN & ASSOCIATES, P.A. Account Name

Account Number: I19990000022 : (305)666-0024 Phone Fax Number : (305)666-0028

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN DADELAND RENTAL CONCEPTS, LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

APR - 4 2013

T. HAMPTON

I of 2

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DADELAND RENTAL CONCE	PTS, LLC	
(Name of the Limited Lin (A Flo	bility Company as it now apprears on our records.) ride Limited Liability Company)	
The Articles of Organization for this Limited Liability Florida document number <u>L11000117816</u>		and assigned
This amendment is submitted to amend the following	;	2014 APR SECRET
A. If amending name, enter the new name of the i		一、资本人人
The new name must be distinguishable and end with the words	"Limited Liability Company," the designation "LLC" or the	
Enter now principal offices address, if applicable:	D DVO(0)	
(Principal office address MUST BE A STREET AD	(DRESS)	- B
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or re registered agent and/or the new registered office a	egistered office address on our records, enter	the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Rnter Florida street address	
	, Florida	
	City	Zip Cods

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

Page 1 of 3

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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 = Manager AMBR = Authorized Member

Title	Name	Address	Type of Action
MGR	John L. Hofmann	1n 420 S. Dixie Highway, Suite 4B	
		Coral Gables, FL 33	146 Remove
MGRM	Taft Street Partners, LLC	420 S. Dixie Highway, Suite	÷ 4B ■ Add
		Coral Gables, FL 33	146 Remove
			Remove
_			
			Remove
			□ Romove
			7A1
			2004 APPEN 3 A
	Pag	e 2 of 3	AH 8: 00
	H 140	0000792803	

If amending any other information, enter change(s) here: (Attac	h additional sheets, if necessary.)
	
Effective date, if other than the date of filing: The effective date must be specific, cannot be prior to date of receipt or filed date at	(Optional)
the date this document is filed by the Florida Department of State)	
Dated April 2 2014	
Signature of a member or authorized repr	esentative of a member
John L. Hofmann	
To and he advised some he	

Page 3 of 3

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2014 APR -3 AM 8: 00

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