L11 000 121918

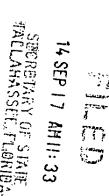
(Requestor's Name) (Address) (Address) (City/State/Zip/Phone #)
(Address)
(Address)
(City/State/Zip/Phone #)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Business Emily Humo)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



700263756117

09/17/14--01018--006 **25.00



COVER LETTER

TO:

Registration Section
Division of Corporations

SUBJECT.

TAMPA BAY DYNAMIC RENTALS, LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

ANGELA DUNCAN

Name of Person

TAMPA BAY DYNAMIC RENTALS, LLC

Firm/Company

PO BOX 320792

Address

TAMPA, FL 33679

City/State and Zip Code

ANGELA@THEDUNCANDUO.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ANGELA DUNCAN

_{.,/}813、359-8990

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

■ \$25.00 Filing Fee

□ \$30.00 Filing Fee & Certificate of Status

□ \$55.00 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

TAMPA BAY DYNAMIC RENTALS, LLC			
(Name of the Limited Liability Compa (A Florida Limited	iny as it now appears on our records.) Liability Company)		
The Articles of Organization for this Limited Liability Company Florida document number <u>L11000121918</u> .	were filed on 10/25/2011	and assigned	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company here:		
The new name must be distinguishable and end with the words "Limited Liab	oility Company," the designation "LLC" or	the abbreviation "L,L,C."	
Enter new principal offices address, if applicable:	6320 S DALE MABRY BLVD		
(Principal office address MUST BE A STREET ADDRESS)	TAMPA, FL 33611		
		12 SE	
		SEP CRET	
Enter new mailing address, if applicable:		S 3 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered of	ffice address on our records, er	岩戸 い nter=Note of the	
registered agent and/or the new registered office address her	e:	?	
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida street address		
	, Florid		
	City	7in 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 = M $AMBR = A$	lanager Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
			☐ Remove
			Add
			□ Remove
			Add
			Remove
			SECRETAL SECRETARIAN SECRETARI
			SAN Remove
			1 33 R 19 1
			Remove
			Add
			Remove
			

				
The effective	ate, if other than the date of date must be specific, cannot be prio document is filed by the Florida Dep	r to date of receipt or filed		(optional) n 90 days after
Dated	9-1-14	<i>,</i>		$\overline{}$
-	Signature ANGELA DUNCA		ed representative of a memb	er

Page 3 of 3

Filing Fee: \$25.00

14 SEP 17 AM 11: 33
SECRETARY OF STATE
SECRETARY OF STATE