UIUUUAHUS

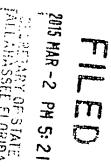
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



900269597849

03/02/15--01017--029 **25.00



MAR 13 2015 O. BRUCE

COVER LETTER

TO:		ation Secti n of Corpo				
CUD IE	FI.	orida Pla	ices 4 Rent, LLC			
SUBJEC	CI:		Name of Limi	ted Liability Company		
		٠,	•			
The encl	losed Aı	ticles of An	nendment and fee(s) are sub	nitted for filing.		
Please re	eturn all	correspond	ence concerning this matter	to the following:		
			Jason Weiss			
				Name of Person		
			Weiss Law Group, P	.A.	•	
		. •		Firm/Company		
			5531 N. University D	rive, Suite 103		
				Address		
			Coral Springs, FL 33	3067		
				City/State and Zip Code		7.1
			jason@jswlawyer.com	N o be used for future annual report notifi	(notion)	Fig & M
For furth	her info	mation con	e-man address: ()		ication)	TENERS OF THE STATE OF THE STAT
Jason	Weis	s		954 573-2800 at ()		
		Name of P	erson	Area Code Daytime	Telephone Number	
Enclose	d is a ch	eck for the	following amount:			
\$25	.00 Filir	ig Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	te of Status &

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

Florida Places 4 Rent, LLC				
(Name of the Limi	ted Liability Company as it now ar (A Florida Limited Liability Compa	pears on our records.)		
The Articles of Organization for this Limited L Florida document number L11000124605	,		and assigned	
This amendment is submitted to amend the foll	owing:			
A. If amending name, enter the new name o	f the limited liability compan	y here:		
The new name must be distinguishable and end with the		" the designation "LLC" or the a	abbreviation "L.L.C."	•
Enter new principal offices address, if appli	cable:			-
<u> Principal office address MUST BE A STREI</u>	ET ADDRESS)	<u> </u>	· · · · · · · · · · · · · · · · · · ·	-
	·		· · · · · · · · · · · · · · · · · · ·	_
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	<u></u>			-
B. If amending the registered agent and registered agent and/or the new registered o		s on our records, enter	AR	<u>new</u>
Name of New Registered Agent:	Weiss Law Group, P.A	٩	SSE 2	-
New Registered Office Address:	5531 N. University Dri	ve, Suite 103	5° 5 (·,
		r Florida street address	Name 2	• "
	Coral Springs	, Florida <u>3</u> 3	3067	_
	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 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:

<u>Title</u>	Name	Address	Type of Action
. '	· .		□ Remove
		···	□ Remove
			<u>. </u>
			□ Add
			Remove
			_
			□ Add
		第6 日本 第68	— Historiows I .
		1. ∰ 50,70 00,70	
			QnAdd(
			□ Remove
			
			D Add
			□ Remove

	•	
•	•	
·· ·		-
ficctive date must be specate this document is filed	ific, cannot be prior to date of receipt or filed date and cannot be more than 90 d by the Florida Department of State)	ptional) ays after
ffective date must be spec	ific, cannot be prior to date of receipt or filed date and cannot be more than 90 d by the Florida Department of State)	ptional) ays after
ficctive date must be specate this document is filed	ific, cannot be prior to date of receipt or filed date and cannot be more than 90 d by the Florida Department of State)	ptional) ays after

Page 3 of 3

Filing Fee: \$25.00

ZOIS MAR -2 PM 5: 21