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D. BRUCE

DEC 16 2011

EXAMINER

COVER LETTER

√ TO: Registration Section

Divisio	n of Corp	porations				
SUBJECT:		1STCHOIC	CE RENTALS LLC			
SUBJECT:			ited Liability Company		•	
The analoged Ar	dialog of l	Amendment and fee(s) are su	hanistad Can Cilina			
			_			
Please return all	correspor	ndence concerning this matter	r to the following:			
			PETERSON LUBIN			
			Name of Person			
		1ST	CHOICE RENTALS LL	C	_	
		5941 GARFIELD ST				
			Address		-	
	HOLLYWOOD FL, 33021 → □					
			City/State and Zip Code			
		PETERSON@	1STCHOICECARRENT to be used for future annual report	TALS.COM	DEC 15	
For further infor	mation co	oncerning this matter, please of	• • • • • • • • • • • • • • • • • • •	nouncauon)	DEC 15 PM 12: 09 CHETARY OF STATE ANIASSEE. FLORID	
	PETE	RSON LUBIN	. 054	804-8218	STAT	
	Name of		at (954) Area Code & Da	ytime Telephone Numb		
Enclosed is a che	eck for the	e following amount:				
\$25.00 Filing	g Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is encl	Certificosed) Certific	iling Fee, eate of Status & ext Copy onal copy is enclosed)	
MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Registration S Division of Co Clifton Buildi	orporations ng			
		see, FL 32314 . 2661 Executive Center Circle				

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

1STCHOICE	RENTALS LLC		
(Name of the Limited Liability Con (A Florida Limit	apany as it now appears or ed Liability Company)	our records.	
The Articles of Organization for this Limited Liability Comp	any were filed on NOVE	EMBER 15,2011 and as	ssigned
Florida document numberL11000129917			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited l	liability company here:		
The new name must be distinguishable and end with the words "I	imited Liability Company,"	the designation "LLC" or the	abbreviation
"L.L.C."			
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS	2	F.	<u> </u>
	_		—
		# C	
Enter new mailing address, if applicable:		ARY SSE	2 [
(Mailing address MAY BE A POST OFFICE BOX)		M _Q	ू ।।।
Indiang underess hart be a rost of rice box		শ্ৰুণ `	ت ت
		22,	09
B. If amending the registered agent and/or registered	office address on our	***	=
registered agent and/or the new registered office address			
Name of New Registered Agent:			
New Registered Office Address:			
	Enter I	lorida street address	
		, Florida	
	City	Zip Cod	ie

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 = M MGRM =	Ianager ' Managing Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	PETERSON LUBIN	5941 GARFIELD ST HOLLYWOOD FL 33021	✓ Add Remove
<u>MGRM</u>	LORINZO LOVELY JR	5941 GARFIELD ST HOLLYWOOD FL 33021	✓ Add Remove
MGRM	LORINZO LOVELY III	5941 GARFIELD ST HOLLYWOOD FL 33021	✓ Add Remove
MGRM	WILLIE LASTER	5941 GARFIELD ST HOLLYWOOD FL 33021	Add
			☐Add ☐Remove
			AddRemove
D. If ame	nding any other information, enter cha	angc(s) here: (Attach additional sheets, if nece	ssary.)
- - -			II DEC I
Dated	- Selessas	- Ludel	ILED 15 PHI2: 09 KY OF STATE SEE, FLORIDA
	_	PETERSON LUBIN	
	Ty	ped or printed name of signee	'''.

Page 2 of 2

Filing Fee: \$25.00