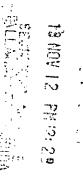
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(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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(Do	cument Number)	
Certified Copies	_ Certificates	of Status
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## **COVER LETTER**

Division of Cor	rporations			
G.E.G R	RENTALS LLC			
SUBJECT:	Name of Limit	ed Liability Company		
	Name of Linns	eu Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	Yosef Y Kanner			
		Name of Person	<del></del>	,
		Firm/Company	<del>_</del>	
	PO Box 820			
		Address		
	Hallandale FL 33008			
	y@floridastatetrust.c	City/State and Zip Code om		
	E-mail address: (t	o be used for future annual report notificati	on)	
For further information	concerning this matter, please ca	all:		<b>弱</b> 死 6%
Yosef Kanner		717 467-1680		<b>香</b>
Nama	of Person	at () Area Code & Daytime Te	stanhana Number i co	N
ivanie (	of Person	Alea Code & Daytille Te		<b>3</b> 134
Enclosed is a check for t	the following amount:			300
■ \$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 Standard Certified Copy (additional copy	atus &

MAILING ADDRESS:

**Registration Section** 

TO:

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

G.E.G RENTALS LLC			
(Name of the Limited Liabili (A Florida	ty Compan Limited Li	ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability L12000107882 Florida document number	Company ·	were filed on and assigned	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the li	mited liabi	oility company here:	
	<u> </u>		
The new name must be distinguishable and end with the with L.L.C."	ords "Limit	ited Liability Company," the designation "LLC" or the abbreviation	
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		6015 Washington Street	
		Suite 200	
Transput Office maintess 12001 DB 1127 NBB 1122	712557	Hollywood, Florida 33023	
Enter new mailing address, if applicable:			
Mailing address MAY BE A POST OFFICE BOX)		(s) the	
Muning dudress MAT BE A TOST OTTICE BOA		77	
		gran	
B. If amending the registered agent and/or reg registered agent and/or the new registered office ad		ffice address on our records, enter the name of the ne	
	•		
Name of New Registered Agent:	I E Machi	Sington Street Suite 200	
New Registered Office Address:	o vvasnii 	lington Street, Suite 200	
		Enter Florida street address	
Ho	llywood	33023	

#### 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.

City

Florida

Zip Code

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

MGR = Manager MGRM = Managing Member <u>Title</u> Name <u>Address</u> **Type of Action** 

	 Add
	Remove
	 Add
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	and the same
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	<u>, , , , , , , , , , , , , , , , , , , </u>
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• ,	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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_	
	Wanner.
	Signature of a member or authorized representative of a member Yosef Y Kanner
	Typed or printed name of signee
	Page 3 of 3

Filing Fee: \$25.00

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