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(Re	equestor's Name)	<u> </u>
(Ad	ldress)	
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(Cit	ty/State/Zip/Phone #)	
(Bu	usiness Entity Name)	
(Do	ocument Number)	
Certified Copies	Certificates of Status	
Special Instructions to	Filing Officer:	
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	Office Use Only	,

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RECEIVED DEPARTMENT OF STATE

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14 OCT -1 PH 1: 53

14 OCT -1 AM 10: 11 17 17 SEE FLORIDA

CORPORATION SERVICE COMPANY"	
ACCOUNT NO. : I2000000195	
REFERENCE : 320663 432440	3
AUTHORIZATION : Smellelener	
COST LIMIT : 5 25.00	
ORDER DATE : October 1, 2014	
ORDER TIME : 10:51 AM	
ORDER NO. : 320663-005	
CUSTOMER NO: 4324403	
DOMESTIC AMENDMENT FILING	
NAME: COLLINS RENTALS, LLC	
EFFECTIVE DATE:	
XX ARTICLES OF AMENDMENT RESTATED ARTICLES OF INCORPORATION	14 OCT - I SECREJAR ALLAHAS
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:	
CERTIFIED COPY XX PLAIN STAMPED COPY	
AA FLAIN STAMFED COPI	

CERTIFIED COPY PLAIN STAMPED COPY XX ____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Courtney Williams -- EXT# 62935

EXAMINER'S INITIALS:

JARY OF STATE

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

COLLINS RENTALS, LLC

(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)

The Articles of Organizatio	on for this Limited Liability Company were filed on	October 25; 2012	and assigned
Elorida document number	L12000136501		

This amendment is submitted to amend the following:

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A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and end with the words "Limited 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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

			4~		
Name of New Registered Agent:		NH NH	00		D.
New Registered Office Address:		ASS	i	untersitä Sitterantei	
	Enter Florida street address	ñ,	AM	111	
	, Florida _	្រីហ	ō	dagen .	
2. C	City		Code	"NAD""	
New Registered Agent's Signature, if changing Registered Agent:		0 元 >>			

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

If amending the Managers of Authorized Member on our records; enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

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MGR = Manager

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AMBR.≓	Authori	zed	Méi	nber	
	25				

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<u>Title</u>	Name	Address	Type of Action
MGR	Lee J. Brodsky	26 Harbor Park Drive	🗃 Add
		Port Washington, NY 1105	
- -	i « « » « » « « « « «		
· ·			O Add
			Reinove
			bbA □
			_ Remove.
	* [1] [2] [2] [2] [2] [2] [2] [2] [2] [2] [2		-
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			Add
			_
			<u>ББА П.</u>
	L 		Remove

Ľ 1 E. Effective date, if other than the date of filing: ______(optional (The effective date must be specific, carnot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State) (optional) Dated October 2014 hature of a member or authorized representative of a member. Bert E. Brodsky Typed or printed name of signee Page 3 of 3 Filing Fee: \$25.00 4 OCT -VEIMNY OF STATE VMASSEE. FLORIDA 1 :01 HV \prod

B. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)