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AUG 1 4 2019

## **COVER LETTER**

	entals, LLC					
Name of Limited Liability Company						
The enclosed Articles o	f Amendment and fee(s) are sub	mitted for filing.				
Please return all corresp	ondence concerning this matter	to the following:				
	Bret Jones, Esquire					
		Name of Person				
	Bret Jones, P.A.					
		Firm/Company				
	700 Almond Street					
		Address				
	700 Almond Street, Clerm	ont, Florida 34711				
		City/State and Zip Code				
	bjones@bretjonespa.com E-mail address: (	to be used for future annual report notit	ication)			
or further information	concerning this matter, please ca	·				
Kay Walls at Bret Jone	s, P.A.	352 394-4025				
Name	of Person	at () 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:

The state of the state of the

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

DPC Rentals, LLC (Name of the Limited (A)	Linbility Company as it now : Florida Limited Liability Com	appears on our records.)	
The Articles of Organization for this Limited Liab			and assigned
This amendment is submitted to amend the follow	ving:		
A. If amending name, enter the new name of t	he limited fiability compa	ny here:	
Florida Rental Equipment, LLC			
The new name must be distinguishable and contain the wor	ds "Limited Liability Company,	" the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicat	Same		
(Principal office address MUST BE A STREET			2019 SEC
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			AUG - 9 PH 2:
B. If amending the registered agent and/or registered agent and/or the new registered offi	r registered office addre <u>ce address here</u> :	ss on our records, ent	or the name of the new
Name of New Registered Agent:	Bret Jones, P.A.		
New Registered Office Address:	700 Almond Street		
New Registered Office Audices.	En	ter Floruki street uiddress	<del></del>
	Clemont	. Florida	34711 Zip Code
	City	,,	Zip Code
New Registered Agent's Signature, if changing Re	gistered Agent:		

If Changing Registered Agent, Signature of New Registered Agent

Page 1 of 3

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 amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

The second second

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	Hubert Dale Martin, III	10502 N. Crescent Lane Clermont, Florida 34711	
			Remove
			Change
MGR	Andrea E. Bennett	225 Blue Creek Drive Winter Springs, Florida 32817	
			■ Remove
			Change
			☐ Remove
			Change
			Remove
			Change
			Add
			Remove
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Effective date	e, if other than th	ne date of filing			(ont	tional)	
(If an effective da	te is listed, the date m	nust be specific and	cannot be prior to	date of filing or m	ore than 90 days aft	er filing.) Pursuant to (	505,0207 (3)
	ate inserted in this lective date on the			ole statutory film	g requirements, th	iis date will not be l	isted as the
		·					
	ecifies a delayed day after the re		ate, but not	an effective t	ime, at 12:01	a.m. on the ea	rlier of:
DatedJuij			2019				
Dated				_			
Dated	Ry						

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Typed or printed name of signee

Filing Fee: \$25.00