

L13000009829

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

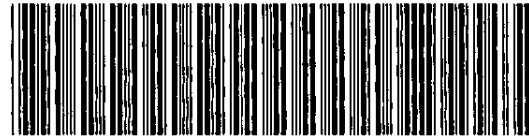
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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2013 AUG 23 PM 12:23  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: ANSCO RENTING LLC  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

MICHEL ANSPACH  
Name of Person  
ANSCO RENTING LLC  
Firm/Company  
927 LINCOLN RD MALL, SUITE 200  
Address  
MIAMI BEACH, FL 33139  
City/State and Zip Code  
LATTES@COMCAST.NET  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

VANESSA OUAZIR at 786 999-8300  
Name of Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |
|--|--|--|--|

**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

FILED  
2013 AUG 23 PM 12: 23  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

The Articles of Organization for this Limited Liability Company were filed on 01/18/2013 and assigned  
Florida document number L13000009829.

This amendment is submitted to amend the following:

**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:**

Name of New Registered Agent:

VANESSA OUAZIR

New Registered Office Address:

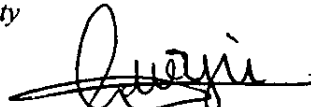
Enter Florida street address

Florida

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 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.

Vanessa Ouazir  
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 = Manager

MGRM = Managing Member

| <u>Title</u> | <u>Name</u> | <u>Address</u> | <u>Type of Action</u> |
|--------------|-------------|----------------|-----------------------|
|--------------|-------------|----------------|-----------------------|

|     |                      |                  |                              |
|-----|----------------------|------------------|------------------------------|
| MGR | COCKMARTIN, PHILIPPE | 60 RUE MAUVINAGE | <input type="checkbox"/> Add |
|-----|----------------------|------------------|------------------------------|

|  |  |                            |  |
|--|--|----------------------------|--|
|  |  | SILLY EN BELGIQUE, 7830 BE | <input checked="" type="checkbox"/> Remove |
|--|--|----------------------------|--|

|     |                       |                  |                              |
|-----|-----------------------|------------------|------------------------------|
| MGR | COCKMARTIN, TOM ROBIN | 60 RUE MAUVINAGE | <input type="checkbox"/> Add |
|-----|-----------------------|------------------|------------------------------|

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|--|--|----------------------------|--|
|  |  | SILLY EN BELGIQUE, 7830 BE | <input checked="" type="checkbox"/> Remove |
|--|--|----------------------------|--|

|      |                     |                  |   |
|------|---------------------|------------------|---|
| MGRM | PHILIPPE COCKMARTIN | 60 RUE MAUVINAGE | <input checked="" type="checkbox"/> Add |
|------|---------------------|------------------|---|

|  |  |                            |                                 |
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|  |  | SILLY EN BELGIQUE, 7830 BE | <input type="checkbox"/> Remove |
|--|--|----------------------------|---------------------------------|

|      |                       |                  |   |
|------|-----------------------|------------------|---|
| MGRM | COCKMARTIN, TOM ROBIN | 60 RUE MAUVINAGE | <input checked="" type="checkbox"/> Add |
|------|-----------------------|------------------|---|

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|--|--|----------------------------|---------------------------------|
|  |  | SILLY EN BELGIQUE, 7830 BE | <input type="checkbox"/> Remove |
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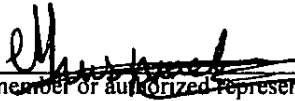
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|  |  |  | <input type="checkbox"/> Remove |
|--|--|--|---------------------------------|

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dated August 22, 2013.

  
\_\_\_\_\_  
Signature of a member or authorized representative of a member

MICHEL ANSPACH  
\_\_\_\_\_  
Typed or printed name of signee

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Filing Fee: \$25.00

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