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## **COVER LETTER**

	Registration Se Division of Cor			
SHIDTEC	Rasha Renta	als, LLC		
SUBJEC	1:	Name of Lim	ited Liability Company	
The enclo	sed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please ret	urn all correspo	ndence concerning this matter	to the following:	
		Dina Hampton		
		_	Name of Person	<del></del>
		Elite Office Services of Ok	keechobee, LLC	
			Firm/Company	
		1210 SW 2nd Ave		
			Address	<del></del>
		Okeechobee, FL 34974		
			City/State and Zip Code	
		dina@eliteofficeserviceslle.		
		E-mail address; (	to be used for future annual report notif	ication)
For further	r information co	oncerning this matter, please ca	all:	
Dina Han			863 467-5900 at () Area Code Daytime	
	Name of	f Person	Area Code Daytime	Telephone Number
Enclosed	is a check for th	ne following amount:		
\$25.0	0 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:

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

Rasha Rentals, LLC	
(Name of the Limited Liability Company as (A Florida Limited Liabil	it now appears on our records.) ity Company)
he Articles of Organization for this Limited Liability Company wer	e filed on and assigned
lorida document number	
his amendment is submitted to amend the following:	
. If amending name, enter the new name of the limited liability	company here:
he new name must be distinguishable and contain the words "Limited Liability C	ompany," the designation "LLC" or the abbreviation "LLC"
nter new principal offices address, if applicable:	
Principal office address MUST BE A STREET ADDRESS)	:
	) (a)
nter new mailing address, if applicable:	
Mailing address MAY BE A POST OFFICE BOX)	- F9
	\$
. If amending the registered agent and/or registered office egistered agent and/or the new registered office address here:	address on our records, enter the name of the
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	19
	, Florida

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 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

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

<u>Title</u>	<u>Name</u>	Address	Type of Action
Mgrm	Naser Abucqab	150 W Fulmar Terrace	
		Okeechobee, FL 34974	
			Change
MGRM	Rasha Abueqab	150 W Fulmar Terrace	<b>=</b> Add
		Okeechobee, F1, 34974	□ Remove
			Change
			Add
			Remove
		<del></del>	Change
			Remove
			☐ Change
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			□ Remove
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ive date, if other than the dat	e of filing: 4/27/18	(	optional)	
fective date is listed, the date must be s If the date inserted in this block of	does not meet the applicable sta	of filing or more than 90 days tutory filing requirements	s after filing.) Pursu s, this date will m	ant to 605 of be list
nent's effective date on the Depart	tment of State's records.			
card apposition a delayed of	factive data to be a control of	55ti tit t 7	01 1	,.
cord specifies a delayed eff 90th day after the record	is filed.	nective time, at 12:	ui a.m. on th	ie earii
April 27th	2018			
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Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00