L 13000	083580
(Requestor's Name) (Address) (Address)	000248335350
(City/State/Zip/Phone #)	06/18/1301009005 ***25.00 SECRETARY OF STATE TALLAHASSEE, FLORIDA
Office Use Only	C. LEWIS JUN 1 9 2013 EXAMINER

•	COVER LETTER						
TO: Registration Section Division of Corporation	*** S	lanij.↓	12	i 		:	
SUBJECT: <u>3D</u> pa	eti	ame of Lin	<u>MÄL</u> nited Liab	ility Company			

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

Please return all correspondence concerning this matter to the following:



For further information concerning this matter, please call:

penr Name of Person

Area Code & Daytime Telephone Number

66

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)

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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

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ARTICLES OF A TO ARTICLES OF OI OF 3D PARty RENTA (<u>Name of the Limited Liability Compan</u> (A Florida Limited Li) RGANIZATION	EILED S JUN 18 PH 12: 49 SECRETARY OF STATE TALLAHASSEE, FLORIDA r records.)
The Articles of Organization for this Limited Liability Company v Florida document number <u>L13000083580</u> .	were filed on JUNE	2 10 2013 and assigned
This amendment is submitted to amend the following: A. If amending name, <u>enter the new name of the limited liabil</u> <i>N/A</i> The new name must be distinguishable and end with the words "Limite "L.L.C."		designation "LLC" or the abbreviatio
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable: <u>(Mailing address MAY BE A POST OFFICE BOX)</u>	N/A-	
B. If amending the registered agent and/or registered offi registered agent and/or the new registered office address here		ords, <u>enter the name of the ne</u> v
Name of New Registered Agent: N/A		
	Enter Flor	ida street address
		_, Florida Zip Code

Thereby 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.

If Changing Registered Agent, Signature of New Registered Agent

Page 1 of 3

<u>or Managing</u>	Member being added or removed from	our records:	
MGR = Manager MGRM = Managing Member			
<u>Title</u>	Name	Address ELEETAEN OF CTATE	Type of Action
MGRM	DANS CADRERA	Address Secretary of State TALLAHASSEE. FILOPIDA 4526 SUS ILOPIDA COURT	_ 🕅 Add
		MIAM, PL33175	_ Remove
			_ Add
			_ Add
			Add
			Add
			Add

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

1

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. . D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) FILED JUN 18 PH 12:49 ħ SECRETARY OF STATE TALLAHASSEE. FLORIDA 12 TUNE 2013, Dated _ (C) member or authorized representative of a member Signature of TE HERDALDEZ, M. 6 RM. Typed or printed name of signee Γ С Page 3 of 3 Filing Fee: \$25.00