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(Req	uestor's Name)
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N. Guilligan NOV - 6 2014.

COVER LETTER

	Registration Se Division of Cor			
SUBJEC		E RENTAL OF FL LLC		
SUBJEC		Name of Lim	ited Liability Company	
The enclo	osed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please re	turn all correspo	ondence concerning this matter	to the following:	
		DORA P GONZALE	Z	
			Name of Person	<u></u>
		BLACK TIE RENTA	L OF FL LLC	
			Firm/Company	
		31052 STONE ARC	H AVE	
			Address	
		WESLEY CHAPEL,	FL 33545	
			City/State and Zip Code	
		SOLUTEM09@HOTI	MAIL.COM	
		E-mail address: (to be used for future annual report notif	ication)
For furth	er information c	oncerning this matter, please c	all:	
JEANN	NETTE TOLI	EDO	305 992-5811	
	Name o	f Person '		Telephone Number
Enclosed	is a check for the	ne following amount:		
\$25.0	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)
	MAIL	ING ADDRESS:	STREET/COURII	ER ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327 Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO

ARTICLES OF ORGANIZATION NOV -5 PM 12: 27 **OF**

BLCK TIE RENTAL OF FL 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 <u>07/19/2013</u>	and assigned
Florida document number <u>L</u> 13000103771		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
BLACK TIE RENTAL OF FL LLC		
The new name must be distinguishable and end with the words "Limited Liab	oility Company," the designation "LLC" or the a	bbreviation "L.L.C."
Enter new principal offices address, if applicable:	31052 STONE ARCH AVE	
(Principal office address MUST BE A STREET ADDRESS)	WESLEY CHAPEL, FL 33545	
		
Enter new mailing address, if applicable:	10427 OPUS DR	
(Mailing address MAY BE A POST OFFICE BOX)	RIVERVIEW, FL 33579	
	69 11 ·	
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address her		the name of the new
	_	
Name of New Registered Agent:		
V D 1 1007 AH		
New Registered Office Address:	Enter Florida street address	
	Pinal de	
	, Florida	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 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 the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = M AMBR = A	anager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
 			Add
			□ Remove
			□ Add
			Remove
			Add
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OCTOBER 30	rida Department of State)	(optional) e than 90 days after

Page 3 of 3

Filing Fee: \$25.00

