

**L19000111847**

Florida Department of State  
Division of Corporations  
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(((H15000123230 3)))



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To:

Division of Corporations  
Fax Number : (850) 617-6383

From:

Account Name : TAX, ACCOUNTING AND FINANCIAL EXPERTS, INC.  
Account Number : I20120000058  
Phone : (305) 438-7671  
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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
INTER-RENT 3 LLC

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**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

**INTER-RENT 3 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 08/07/2013 and assigned  
Florida document number L13000111847.

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 "L.L.C." 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:

\_\_\_\_\_

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 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 = Manager**  
**AMBR = Authorized Member**

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>MGR</u>	<u>LAMPELZAMMER, RALPH A</u>	<u>20900 NE 30TH AVE STE 818</u>	<input type="checkbox"/> Add
		<u>AVENTURA, FL 33180</u>	<input checked="" type="checkbox"/> Remove
<u>MGRM</u>	<u>LAMPELZAMMER, RALPH A</u>	<u>20900 NE 30TH AVE STE 818</u>	<input checked="" type="checkbox"/> Add
		<u>AVENTURA, FL 33180</u>	<input type="checkbox"/> Remove
<u>MGR</u>	<u>SEGOVIA, ZULMA B</u>	<u>20900 NE 30TH AVE STE 818</u>	<input type="checkbox"/> Add
		<u>AVENTURA, FL 33180</u>	<input checked="" type="checkbox"/> Remove
<u>MGRM</u>	<u>SEGOVIA, ZULMA B</u>	<u>20900 NE 30TH AVE STE 818</u>	<input checked="" type="checkbox"/> Add
		<u>AVENTURA, FL 33180</u>	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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

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E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)  
(If an effective date is listed, the date must be specific and cannot be more than 90 days after filing.) (405.0207 (3)(b))

Date:     MAY 20th    ,     2015    

\_\_\_\_\_  
Signature of a member or authorized representative of a member  
*Ralph Lampertzammer*  
\_\_\_\_\_  
Typed or printed name of signer