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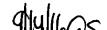
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SECRELARY OF STATE



COVER LETTER

SUBJECT.	Rescue Rent	als LLC				
SUBJECT:		Name of Limited Liability Company				
The enclosed	l Articles of A	amendment and fee(s) are sub	mitted for filing.			
Please return	all correspon	dence concerning this matter	to the following:			
		Ray A Castro				
Name of Person						
		Rescue Rentals LLC			7.55 16	
			Firm/Company		CRI S	
		11941 NW 26TH ST			SEP 12 RETARY AUASSE	
			Address		(13)(15)	m
•		Plantation FL 33323			PH IZ:	Ü
		. •	City/State and Zip Code		- 第	i
		sales@rescuerentals.com				
For further in	nformation co	ncerning this matter, please ca	to be used for future annual report notificall:	ation)		
Ray A Castro	0		954 821-8488			
	Name of	Person	at () Area Code Daytime 7	Telephone Number		
Enclosed is a	a check for the	e following amount:				
■ \$25.00 F	iling Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified C	e of Status &	

MAILING ADDRESS:

TO:

Registration Section Division of Corporations

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

Rescue Rentals LLC		
(<u>Name of the Limited Liability Cor</u> (A Florida Limit	mpany as it now appears on our rec ted Liability Company)	ords.)
The Articles of Organization for this Limited Liability Comparing Florida document number L13000135949	any were filed on 09/26/2013	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited I	iability company here:	
The new name must be distinguishable and contain the words "Limited L	iability Company," the designation "l	LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	11941 NW 26TH ST PLAN	VITATION FL 33323
(Principal office address MUST BE A STREET ADDRESS	<u> </u>	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		16 SEP 2
B. If amending the registered agent and/or registered registered agent and/or the new registered office address l		ords, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street add	dress
	,	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 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
MGRG	JACK CRESAP		
		4100 VANBUREN ST HOLLYWOOD FL	
			□ Change
AMBR	RANDY KUNJBEHARI	10421 NW 18TH DR PLANTATION , FL	Add
		33322	
			□ Remove
			□ Change
			🗆 Add
		·	Remove ALC: Change T
			ASSCE FLOW PROME
•			□ Change
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Note: If the	te, if other than the late is listed, the date in date in this ffective date on the	block does not n	neet the applica	to date of filing or able statutory fili	more than 90 days ng requirements	optional) after filing.) Pui i, this date will	rsuant to 605.02 not be listed a	07 (3) as the
	pecifies a delay day after the re			an effective	time, at 12:0	01 a.m. on	the earlier	of:
Dated		 ,	, ₄			PHONE 950	#	
	1	10-	member or autho	•		\ \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	1 (42)	01

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00