

L113000 135949

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

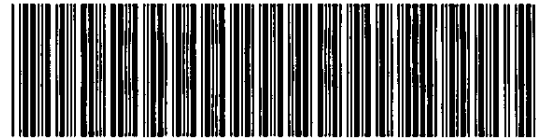
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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TALLAHASSEE, FLORIDA

9/14/16

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Rescue Rentals LLC

\_\_\_\_\_  
Name of Limited Liability Company

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

Please return all correspondence concerning this matter to the following:

Ray A Castro

\_\_\_\_\_  
Name of Person

Rescue Rentals LLC

\_\_\_\_\_  
Firm/Company

11941 NW 26TH ST

\_\_\_\_\_  
Address

Plantation FL 33323

\_\_\_\_\_  
City/State and Zip Code

sales@rescuere rentals.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

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TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Ray A Castro

954

821-8488

at ( )

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Area Code

\_\_\_\_\_  
Daytime Telephone Number

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)

**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



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>	<u>Address</u>	<u>Type of Action</u>
MGRG	JACK CRESAP		<input type="checkbox"/> Add
		4100 VANBUREN ST HOLLYWOOD FL	<input checked="" type="checkbox"/> Remove
		33021	<input type="checkbox"/> Change
AMBR	RANDY KUNJBEHARI	10421 NW 18TH DR PLANTATION, FL	<input checked="" type="checkbox"/> Add
		33322	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change

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TALLAHASSEE, FLORIDA

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated \_\_\_\_\_, \_\_\_\_\_

  
Signature of a member or author

Signature of a member or authorized representative of a member

RAY A CASTRO

Typed or printed name of signee

PHONE #  
954-821-8488