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B. BOSTICK

DEC 1 0 2013

EXAMINER

COVER LETTER

Division of Corporations	
SUBJECT: Port Canaveral Rental, 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:	
Doug Whitner Name of Person	
Name of Person	
Port Conqueral Rental LLC	
Firm/Company	
14335 Stanford Circle	
Address	
14335 Stanford Circle Address Orlando, FL 32826 City/State and Zip Code DDWhitner@Aol.com	
City/State and Zip Code	
DDWhitner@ Adl.com	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	∴
Doug Whitmer at (47) 484-387/ (é: Name of Person Area Code & Daytime Telephone Number	<u>//</u> -5
Name of Person Area Code & Daytime Telephone Number	
	5 N
Enclosed is a check for the following amount:	بغيا
\$25.00 Filing Fee Certificate of Status Certificate of Status Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)	f Status &

MAILING ADDRESS:

TO:

Registration Section

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

Port Canovera	al Rental, LLC	
(<u>Name of the Limited Liability</u> (A Florida L	Company as it now appears on our imited Liability Company)	records.)
The Articles of Organization for this Limited Liability Co	ompany were filed on <u>October</u>	and assigned
Florida document number <u>L13000/53699</u>	_·	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ted liability company here:	
$\omega/4$		
The new name must be distinguishable and end with the word "L.L.C."	ds "Limited Liability Company," the	designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:	w/4	
(Principal office address MUST BE A STREET ADDR	(ESS)	
		22
Enter new mailing address, if applicable:	~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~	
(Mailing address MAY BE A POST OFFICE BOX)		<u> </u>
B. If amending the registered agent and/or regist registered agent and/or the new registered office address.		ords, enter the name of the new
Name of New Registered Agent:	NA	
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 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 amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager MGRM = Managing Member

<u>Title</u>	Name	Address	Type of Action
MGRM	Linda G. Whitmer	14335 Stanford Circle Orlando, FL 32826	Add
		Orlando, FL 32826	Remove
			_
			Add
			Remove
			Add
		FALL A	Remove
			- ė
			_ Add
			Remove
			_
			Add
			Remove
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D. If ar	mending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	\mathcal{N}/\mathcal{A}
Dated	4 December, 2013.
_	Detail ale
	Signature of a member or authorized representative of a member
	Dougles D. Whitner
	Typed or printed name of signee
	Page 3 of 3

Filing Fee: \$25.00