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SECRETARY OF STATE FALLAHASSEE, FLORIDA

2015 년 20 단 1: 28

W. E. Ling

COVER LETTER

TO: Registration Se Division of Cor			
JT Rental E	Enterprises, LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	John A. Christ		
		Name of Person	
	JT Rental Enterprises, LLC		
	1081 Willa Springs Dr		
	*****	Address	
	Winter Springs, FL 32708		20 Si
		City/State and Zip Code	ECRE EARE
	jtrental.llc@gmail.com	to be used for future annual report notifi	2015 JUL 20 SECRETARY ALLAHASSE
For further information c	concerning this matter, please co	·	me n F
John A. Christ		407 765-6519	STA:
Name o	of Person	at () Area Code Daytime	Telephone Number 7
Enclosed is a check for the	he 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)
	ING ADDRESS:	STREET/COURIE	

MAILING 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 OF

JT Rental Enterprises, LLC					
(<u>Name of the Limited Liabili</u> (A Florid	lity Company a la Limited Liab	s it now appears on our re lity Company)	ecords.)	·· ···	
The Articles of Organization for this Limited Liability Company were filed on 07/15/2014 Florida document number L14000111566					
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the lim	nited liability	company here:			
The new name must be distinguishable and contain the words "Lin	mited Liability (ompany," the designation	"LLC" or the abbrey	iation "L.L.C."	
		1081 Willa Springs Dr			
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDI		Vinter Springs, FL 32708	ALSE	22	
	 -		PRE		
Enter new mailing address, if applicable:	1	081 Willa Springs Dr	SE-K	20	
(Mailing address MAY BE A POST OFFICE BOX)	v	Vinter Springs, FL 32708	F STAT	0	
	_				
B. If amending the registered agent and/or registered agent and/or the new registered office add Name of New Registered Agent:		e address on our rec	cords, <u>enter the</u>	name of the n	
New Registered Office Address: 1081	Willa Springs	Dr			
		Enter Florida street a	nddress		
Winte	er Springs	0:	_, Florida <u>32708</u>	Zip Code	
N B ' 4 4 Cim 4 F. L Decintered	. d A	City	•	лр Соае	
New Registered Agent's Signature, if changing Registere			r.C		
I hereby accept the appointment as registered agent provisions of all statutes relative to the proper and caccept the obligations of my position as registered a	complete per	formance of my dutie	es, and I am fam	iliar with and	

If Changing Registered Agent, Signature of New Registered Agent

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 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 = 7	Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			☐ Remove
			☐ Change
			Add
			☐ Remove
			Change
		_	Add
			Remove Change Change Add Remove Remove Remove
			→ Change
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Effective date, if other tha	n the date of filing:	1 000	(opti	onal)	05 0 207
f an effective date is listed, the da Note: If the date inserted in t	te must be specific and cannot be his block does not meet the:	e prior to date of filing of applicable statutory fil	ing requirements, this	s date will not be li	sted as
document's effective date on					
ne record specifies a de The 90th day after the	ayed effective date, but record is filed.	ut not an effective	e time, at 12:01 a	a.m. on the ear	lier of
Dated	ha Class Signature of a member of				
iated	,	·			

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00