

L14000111566

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

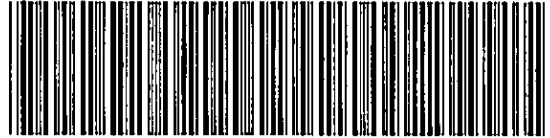
(Document Number)

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AND  
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2019 MAR 25 AM 11:03  
SECRETARY OF STATE  
TALLAHASSEE, FL 09000

T.G.  
2/27/19



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

March 8, 2019

JT RENTAL ENTERPRISES, LLC  
1081 WILLA SPRINGS DR  
WINTER SPRINGS, FL 32708

SUBJECT: JT RENTAL ENTERPRISES, LLC  
Ref. Number: L14000111566

We have received your document for JT RENTAL ENTERPRISES, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Tacarri K Glass  
Regulatory Specialist II

Letter Number: 419A00004790

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2019 MAR 25 AM 11:03

SECRETARY OF STATE  
TALLAHASSEE, FL 32314

RECEIVED  
MAR 25 2019

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

JT RENTAL ENTERPRISES, 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 7/15/2014 and assigned  
Florida document number L14000111566.

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 contain the words "Limited Liability Company," the designation "LLC" 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)

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TALLAHASSEE, FLORIDA

**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:**

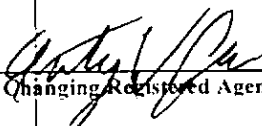
Name of New Registered Agent: ANTHONY W. IRVIN

New Registered Office Address: 1086 Willa Springs Drive  
Enter Florida street address

WINTER SPRINGS Florida 32708  
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.*

  
Anthony W. Irvin  
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>	<u>Address</u>	<u>Type of Action</u>
MGR	JOHN A. CHRIST	2834 NORTHAMPTON AVE.	<input type="checkbox"/> Add
		ORLANDO, FL 32828	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	AW IRVIN FAMILY HOLDINGS, LLC	2932 LEE SHORE LOOP	<input checked="" type="checkbox"/> Add
		ORLANDO, FL 32820	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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[illegible]

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated

2/19/19

*Antony L.*

Signature of member of

Signature of a member or authorized representative of a member

ANTHONY W. IRVIN

Typed or printed name of signee