L15000121208

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COVER LETTER

TO: Registration S Division of Co			
0 - 1 m - r m - com	past Rentals, LLC.		
Sobbile I.	Name of Lim	ited Liability Company	
	Amendment and fee(s) are sub ondence concerning this matter	-	
	Michael Santus		
	-	Name of Person	
	Coast 2 Coast Rentals, LL		
		Firm/Company	<u>. </u>
	11459 30th CV E		
		Address	
	Parrish, FL 34219		
	• • •	City/State and Zip Code	
	msantus@me.com		
		to be used for future annual report notifi	cation)
For further information of	concerning this matter, please ca	all:	
Michael Santus		941 227-1936 at ()	
Name o	of Person	Area Code Daytime	Telephone Number
Enclosed is a check for t	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)

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Coast 2 Coast Rentals, LLC.		
(Name of the Limited I (A F	Liability Company as it now appears on our records.) Florida Limited Liability Company)	
The Articles of Organization for this Limited Liabil	lity Company were filed on 7/15/2015	and assigned
Florida document number L15000121208	 ,	
This amendment is submitted to amend the following	ng:	
A. If amending name, enter the new name of the	e limited liability company here:	
Management Services of Manatee County, LLC.		7
The new name must be distinguishable and contain the words	s "Limited Liability Company," the designation "LLC" or the abbrevi	ation "L.I.s.C."
Enter new principal offices address, if applicable	e:	PR 2
(Principal office address MUST BE A STREET A	(DDRESS)	
		2 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
		# 334 244
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BO.	<u></u>	
B. If amending the registered agent and/or registered agent and/or the new registered office	registered office address on our records, <u>enter the</u> <u>address here</u> :	name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
_	, Florida	ip Code
New Registered Agent's Signature, if changing Regi	•	-
	gent and agree to act in this capacity. I further agree t	o comply with the

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

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□ Add
			☐ Remove
			☐ Change
			Add
		R	☐ Remove
			☐ Change
			Add
			□ Remove
			☐ Change
			□ Remove
			☐ Change
			□ Add
			Remov
			Change Service
			Change Change Add Colors
			Remove
			Change

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Note:	fective date, if other than the date of filing:	5.0207 (3)(t ed as the
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlies 90th day after the record is filed.	er of:
Dated	April 19, 2017.	
	(1)	7 APR
	Signature of a member or authorized representative of a member	70 d

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Filing Fee: \$25.00