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COVER LETTER

Division of Cor			
	RENTAL LLC		
SUBJECT:	Name of Limi	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:	
	DANTE C. DI SPALATRO	o	
		Name of Person	
		Firm/Company	
	10540 BURROWS STREE	Address	
	ORLANDO FL 32832		
		City/State and Zip Code	
	DANTE.DISPALATRO@0		
	E-mail address: (to be used for future annual report notification	n)
For further information of	concerning this matter, please ca	all:	2016 TALL
DANTE C DI SPALAT		407 832-0072 - 407-5	74-4339
Name o	of Person	Area Code Daytime Tele	ephone Number 8
Enclosed is a check for t	the following amount:		
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy (additional copy is enclosed)
	LING ADDRESS: tration Section	STREET/COURIER A	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

PAMPERO RENTAL LLC					
(Name of the Lim	ited Liability Compan (A Florida Limited Li	y as it now appears on our ability Company)	records.)		
The Articles of Organization for this Limited I	Liability Company v	vere filed on 01/07/2016	5	and assigne	ed
Florida document number L16000005045	 •				
This amendment is submitted to amend the fol	lowing:				
A. If amending name, enter the new name	of the limited liabil	ity company here:			
The new name must be distinguishable and contain the	words "Limited Liabilit	y Company," the designation	on "LLC" or the abb	previation "L.L.C.	77
Enter new principal offices address, if appli	cable:				
Principal office address MUST BE A STRE	ET ADDRESS)				
			<u>. </u>		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	E BOY)				
Mauring duaress MAT BE A FOST OFFICE	<u>: BUA)</u>				
B. If amending the registered agent and registered agent and/or the new registered			records, enter		the ne
Name of New Registered Agent:	TAX ZONE			2018	
New Registered Office Address:	8865 COMMOD	DITY CIRCLE UNIT 4	7 H H H H H H H H H H H H H H H H H H H		
		Enter Florida stre	i	310 III	
	ORLANDO	City	, Florida 328	7in Codo	
		City		-Zip Code	
New Registered Agent's Signature, if changing	Registered Agent:		UD F	2	

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 = Ma			
AMBR = Au	thorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			🗆 Add
			Remove
			Change

	□ Remove
	□ Change
	
	Remove
	Change
	Remove
	 Change Change Ch
	C → □ Remove
	 Add
	□ Remove
	Change

D. If amending any other informat	ion, enter change(s) here:	(Attach additional sheets,	if necessary.)	
•	· · · · · · · · · · · · · · · · · · ·			
: -				
E. Effective date, if other than the (If an effective date is listed, the date mus Note: If the date inserted in this ble document's effective date on the Defeation of the Defe	t be specific and cannot be prior tock does not meet the applica	o date of filing or more than 90 da ble statutory filing requirement	(optional) ays after filing.) Pursuant to 605.0 ants, this date will not be listed	0207 (3)(d as the
If the record specifies a delayed (b) The 90th day after the rec		an effective time, at 12		r of:
Dated FEBRUARY 10	2016	 :		Periodicinal Periodicinal Periodicinal
San ?	U		······································	
	Signature of a member or autho	rized representative of a member	5 S	J
DANTE C DI SPALAT	RO		75	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00