## L16 0000 38176

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## **COVER LETTER**

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	Régistration Se Division of Cor			•
OUD IE		TAL 20411 LLC		
SUBJEC	ZI:	Name of Limit	ted Liability Company	
The encl	osed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please re	eturn all correspo	ndence concerning this matter	to the following:	
		JUAN J ROMERO		
			Name of Person	
		FMS RENTAL 20411 LL	С	
		12401 SW 134TH CT STE	2.6	
			Address	<del></del>
		MIAMI FL 33186		
			City/State and Zip Code	
		FLORIDAMERCHANTCE	R@YAHOO.ES to be used for future annual report notified	fication)
For furth	ner information c	oncerning this matter, please ca		,
JUAN J ROMERO		305 303-9697		
	Name o	f Person		e Telephone Number
Enclosed	l is a check for th	ne following amount:		
\$25.6	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)
	Registr Divisio P.O. Bo	ING ADDRESS: ration Section on of Corporations ox 6327 assee, FL 32314	STREET/COURI Registration Section Division of Corpor Clifton Building 2661 Executive Ce	on rations

Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ad assigned FMS RENTAL 20411 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 02-23-2016 Florida document number L16000038176 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) 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: New Registered Office Address: Enter Florida street address

## 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.

Citv

If Changing Registered Agent, Signature of New Registered Agent

Florida

Zip Code

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>	Address	Type of Action
MGR	YUANIA ROMERO	12401 SW 134TH CT BAY 6	□ Add
		MIAMI FL 33186	■ Remove
			☐ Change
			_ □ Add
		-	□ Remove
			☐ Change
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Effective date, if other than the date is listed, the date must be Note: If the date inserted in this block document's effective date on the Department of the date inserted in the Department of the inserted in the Department of the inserted in the Department of the inserted in the inse	k does not meet the app artment of State's record	licable statutory filing req	uirements, this date	e will not be lis	sted as
The 90th day after the recon	d is filed.		,		
Dated	2016	·			
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