L160000 44229

(Red	questor's Name)	
(Add	dress)	
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(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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(Do	cument Number)	
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TALLAHASSAF, FLORIDA

WAR 22 2 TO B J. HARRIS Jeff McConkey 15503 Ramblebrook Lane Tampa, FL 33624 813-299-9795

March 10, 2016

Florida Department of State
Division of Corporations
PO Box 6327
Tallahassee, FL

As noted in the enclosed, I would like to update Jeff McConkey's Title to AMBR and add James Sitt as an AMBR as well.

I thank you for your time in advance

Zahav Rental Management LLC

COVER LETTER

TO: Reg Div	istration Secti ision of Corpo	on rations		
cup incor.		TAL MANAGEMENT LLC		
SUBJECT: Name of Limited Liability Company				· · · · · · · · · · · · · · · · · · ·
The enclosed	Articles of Ar	nendment and fee(s) are subm	nitted for filing.	
Please return	all correspond	ence concerning this matter to	o the following:	
		Jeff McConkey		
			Name of Person	
		Zahav Rental Management	LLC	
			Firm/Company	
		15503 Ramblebrook Lane		
		-	Address	
		Tampa, FL 33624		
			City/State and Zip Code	1000A
		Jeff@TheAvistaGroup.com		
		E-mail address: (to	be used for future annual report not	ification)
For further in	formation con	cerning this matter, please cal	! :	
Jeff McConl	кеу		813 299-9795 at ()	
	Name of P	erson	Area Code Daytin	ne Telephone Number
Enclosed is a	check for the	following amount:		
■ \$25.00 F	iling 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

ZAHAV RENTAL MANAGEMENT LLO		
(<u>Name of the Limited Liab</u> (A Flor	oility Company as it now appears on oild Limited Liability Company)	our records.)
The Articles of Organization for this Limited Liability Florida document number <u>L16000044229</u>	Company were filed on 2/29/20	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the li	mited liability company here:	
The new name must be distinguishable and contain the words "L	imited Liability Company," the designa	ation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	and the same	
(Principal office address MUST BE A STREET AD	DRESS)	A Diagram
Enter new mailing address, if applicable:		ာ်ကြီး တာ ကို
(Mailing address MAY BE A POST OFFICE BOX)		
	** · · · · · · · · · · · · · · · · · ·	S
		55 11E
B. If amending the registered agent and/or reg		records, enter the name of the new
registered agent and/or the new registered office a	uaress nere:	
Name of New Registered Agent:		
New Registered Office Address:		
New Registered Office Address.	Enter Florida st	reet address
		, Florida
	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.

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>	Address	Type of Action
AMBR	Jeff McConkey	15503 Ramblebrook Lane	
		Tampa, FL 33624	□ Remove
			■ Change
AMBR	James Sitt	15503 Ramblebrook Lane	Add
		Tampa, FL 33624	☐ Remove
			☐ Change
<u></u>			Add
			□ Remove
			Change
			Add ASC OF
			Change Change DAdd
			Remove
			☐ Change
			Add
			Remove
			Change

If amend	1	, enter change(s) here: (Attach additional sheets, i)	(necessary.)
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_			
			
_	11 100 E		
•			
If an effect Note: If documen	the date inserted in this block of seffective date on the Depar	specific and cannot be prior to date of filing or more than 90 day does not meet the applicable statutory filing requirement timent of State's records.	is after filing.) Pursuant to 605.0207 (ts, this date will not be listed as the
	oth day after the record	fective date, but not an effective time, at 12 is filed.	,01 a.m. on the earner or.
Dated _	March 11	<u> </u>	
			NSECTION 16
	Sign	nature of a member or authorized representative of a member	ARC AR I S
	· · ·	Typed or printed name of signee	PR FI
		Page 3 of 3	: 55

Filing Fee: \$25.00