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(1	Requestor's Name)			
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SECRETARY OF STATES

MAY 17 2016 S. YOUNG

COVER LETTER

TO: Registration Se				
PATRICIA SUBJECT:	RENTAL LLC			
SUBJECT:	Name of Lim	ited Liability Company	· ·	
	Amendment and fee(s) are sub	-		
	PATRICIA BERNARD			
		Name of Person		
		Firm/Company		
	1501 S 22 CT		16 F	200
	HOLLYWOOD, FL 3302	Address	16 HAY 16	A PART
	PATRICIABERNARD736	City/State and Zip Code	- PH	'당' - '당' - '당'
		to be used for future annual report notifi	cation)	
For further information c	oncerning this matter, please c	all:		
PATRICIA BERNARD		.954 2489662 at ()		
Name o	of Person		Telephone Number	
Enclosed is a check for the	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)	
MAH	INC ADDDESS.	STREET/COURT	D ADDRESS.	

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

PATRICIA RENTAL, LLC		
(<u>Name of the Limited Liability C</u> (A Florida Li	Company as it now appears on our records.) mited Liability Company)	
The Articles of Organization for this Limited Liability Com		and assigned
Florida document number L16000070296		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	d liability company here:	
JUNE RENTAL LLC		
The new name must be distinguishable and contain the words "Limited	Liability Company," the designation "LLC" or the abb	reviation "L.L.C."
Enter new principal offices address, if applicable:	<u>.</u>	
Principal office address MUST BE A STREET ADDRES	(22)	<u> </u>
		- CB
		THE THE
Enter new mailing address, if applicable:		9 5 5 5 E
Mailing address MAY BE A POST OFFICE BOX)		PH 177
		- 95
		3 OF
B. If amending the registered agent and/or register		the name of the n
egistered agent and of the new segments.		•
Name of New Registered Agent:	<u></u>	
New Registered Office Address:		
	Enter Florida street 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 **Type of Action Address** Name | **Title** □ Add ☐ Remove ☐ Change □ Add □ Remove ☐ Change □ Remove ☐ Change □ Add ☐ Remove ☐ Change □ Add _□ Remove ☐ Change

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Effective date, if other than the date of filing: f an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 day Note: If the date inserted in this block does not meet the applicable statutory filing requirement	(optional) ys after filing.) Pursuant to 605.0207 (
document's effective date on the Department of State's records.	ns, this date will not be listed as t
ne record specifies a delayed effective date, but not an effective time, at 12	2:01 a.m. on the earlier of
The 90th day after the record is filed.	
Dated 5 13/16 , 2016.	
,	
(16)	
Signature of a member or authorized representative of a member	

Page 3 of 3

Filing Fee: \$25.00