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COVER LETTER

Div	ision of Cor	porations		
→ SUBJECT:	All Florida	Tent Rental LLC.		
		Name of Lim	ited Liability Company	
The enclosed	l Articles of .	Amendment and fee(s) are sub-	mitted for filing.	
Please return	all correspo	ndence concerning this matter	to the following:	
		Melissa Coleman		
			Name of Person	
		All Florida Tent Rental LL	С	
			Firm/Company	
		12533 Longstone Ct	•	
			Address	
		Trinity Fl 34655		
			City/State and Zip Code	
		melissacoleman1121@gmai		
		E-mail address: (t	to be used for future annual report notif	ication)
For further is	nformation co	oncerning this matter, please ca	ill:	
John Colema	n		352 9427560 at ()	
	Name of	Person	Area Code Daytime	Telephone Number
Enclosed is a	check for th	e 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:

TO:

Registration Section

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

All Florida Tent Rental LLC				
(Name of the Limi	ted Liability Compa (A Florida Limited)	inv as it now appears on our rec Liability Company)	ords.)	,, <u></u>
The Articles of Organization for this Limited L Florida document number L16000173646	iability Company	were filed on 09/16/2016		_ and assigned
This amendment is submitted to amend the foll	lowing:			
A. If amending name, enter the new name o	f the limited liab	ility company here:		
The new name must be distinguishable and contain the v	words "Limited Liabi	lity Company," the designation "L	JLC" or the abbre	viation "L.L.C."
Enter new principal offices address, if applic	cable:	24145 Westshire Ct		
Principal office address MUST BE A STREET ADDRESS)		Brooksville Fl 34601		
		24145 Westshire Ct		Carlo same
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		Brooksville Fl 34601	-2	<u> </u>
3. If amending the registered agent and registered agent and/or the new registered or	***		rds, enter the	<i>σ</i>
Name of New Registered Agent:	Melisa Brooks-	Barker	···········	
New Registered Office Address:	50 Iris Place			
		Enter Florida street ada	Iress	
	Oldsmar		Florida 34677	Zip Code
Name of New Registered Agent: New Registered Office Address:	50 Iris Place	Enter Florida street ada		_ _ 7_

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	Gwendolyn E Leonard	23155 Foreside Ave Brooksville Fl	□ Add
		-	■ Remove
		· · · · · · · · · · · · · · · · · · ·	☐ Change
AMBR	Daniel T LEonard	23155 Foreside Ave Brooksville Fl	
			■ Remove
			Change
MGR	Jason W Hart	23155 Foreside Ave Brooksville Fl	D Add
			■ Remove
			☐ Change
AMBR Melissa A Coleman	Melissa A Coleman	12533 Longstone Ct Trinity Fl 346:	■ Add
			Remove
			Change
MGR		12533 Longstone Ct Trinity F1 346:	Add
			Remove
			> □ (222)nge
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