L16000190641

(Re	questor's Name)	
(Add	dress)	
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(Cit	y/State/Zip/Phone	e #)
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COVER LETTER

TO:	Registration S Division of C			
CUBIE		TAL PROPERTIES OF FLORID	A, LLC	
SUBJE	~1; <u> </u>	Name of Limi	ted Liability Company	
The encl	osed Articles o	of Amendment and fee(s) are subr	nitted for filing.	
Please re	eturn all corres	pondence concerning this matter t	to the following:	
		THOMAS J. TURIGLIAT	го	
			Name of Person	
		DT RENTAL PROPERTIE	ES OF FLORIDA, LLC	
			Firm/Company	
		8191 COLLEGE PARKWA	AY #303	
			Address	
		FORT MYERS, FLORIDA	. 33919	
			City/State and Zip Code	
		TURIGLIATTO@AZIMUT		
		E-mail address: (t	o be used for future annual report notif	ication)
For furth	er information	concerning this matter, please ca	11:	
KAGAN	I LAW FIRM	C/O VERNON GUIRGUIS	239 466-1161 at ()	
	Name	of Person	at () Area Code Daytime	: Telephone Number
Enclosed	l is a check for	the following amount:		
\$25.	00 Filing Fee	S30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

TO:

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

DT RENTAL PROPERTIES OF F			
(Name of the Limit	ted Liability Compa (A Florida Limited)	iny as it now appears on our record Liability Company)	<u>s.</u>)
The Articles of Organization for this Limited L	iability Company	were filed on OCTOBER 14, 20	and assigned
Florida document number L16000190641	· · · · · · · · · · · · · · · · · · ·		
This amendment is submitted to amend the foll	owing:		
a. If amending name, enter the new name o	f the limited liab	ility company here:	
N/A			
The new name must be distinguishable and contain the v	vords "Limited Liabi	lity Company," the designation "LLC	" or the abbreviation "L.L.C."
Enter new principal offices address, if applic	able:	8320 WHISKEY PRESERVE	CIRCLE, #336
(Principal office address MUST BE A STREET ADDRESS)		FORT MYERS, FL 33919	
			CR 7
			B-
Enter new mailing address, if applicable:		N/A	
Mailing address MAY BE A POST OFFICE	BOX)		19 2 10
			G 6
 If amending the registered agent and egistered agent and/or the new registered or 			s, enter the name of the
Name of New Registered Agent:	N/A		
New Registered Office Address:	N/A		
- 		Enter Florida street addres.	s
			orida
		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
	N/A		Add
			☐ Remove
			☐ Change
			□ Add
			☐ Remove
			□ Add
			Remove
			Change
			□ Add
			Remove
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DECEMBER 31, 201	6			
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record specifies a delayed effective date, but not an effe The 90th day after the record is filed.	ective time, at 12:01 a.f	m. on	tne e	ariier
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Filing Fee: \$25.00