

L17000040502

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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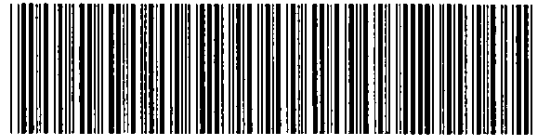
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

JUN 21 2017

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COVER LETTER

TO: **Registration Section
Division of Corporations**

SUBJECT: **FLORIDA FAMILY RENTALS LLC**

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

SPIRO CARDARIS

Name of Person

FLORIDA FAMILY RENTALS

Firm/Company

303 E WOOLBRIGHT RD SUITE 251

Address

BOYNTON BEACH FL 33435

City/State and Zip Code

TODDKENIG@GMAIL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

TODD D KENIG

Name of Person

at (**646**)

Area Code

226-7425

Daytime Telephone Number

Enclosed is a check for the 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)

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**

FLORIDA FAMILY RENTALS 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 FEBRUARY 21ST, 2017 and assigned Florida document number L17000040502.

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)

303 E WOOLBRIGHT RD

SUITE 251

BOYNTON BEACH FL 33435

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:

SPIRO CARDARIS

New Registered Office Address:

303 E WOOLBRIGHT RD

Enter Florida street address

BOYNTON BEACH

Florida

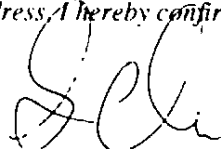
City

Zip Code

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TALLAHASSEE, FLORIDA

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>	<u>Address</u>	<u>Type of Action</u>
MGR	SPIRO CARDIRAS		<input type="checkbox"/> Add
	(MISPELLED LAST NAME)		<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	SPIRO CARDARIS	303 E WOOLBRIGHT RD BOYNTON BEACH FL 33435	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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TALLAHASSEE, FLORIDA

17 JUN 20 AM 8:1
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WASHINGTON, D.C.
MAIL ROOM

17 JUN 20 AM 8:49
FEDERAL BUREAU OF INVESTIGATION
ALLAHABAD, INDIA

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated **JUNE 13TH**, 2017

TODD KENIG

Typed or printed name of signee