### Florida Department of State Division of Corporations

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H18000192053 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : CALANDRINO LAW FIRM

Account Number : I20090000062 Phone : (407)621-4200

Fax Number : (407)621-4210

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: corporations @ sbcounsel. com

(D)

င္မ်ာ

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN RENTAL ENTITIES, LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

Electronic Filing Menu

Corporate Filing Menu

Help

**B FIGUEROA** 

JUN 02 2018

Rental Entities, LLC

### H18000192053 3

407 621 4210

# ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION

(Name of the Limited Liability Court (A Florida Limited	arty sa it new appears on our recor Liability Company)	<b>4</b> a)
The Articles of Organization for this Limited Liability Company	were filed on May 11, 2017	and assigned
Florida document number L17000104737		
This amendment is submitted to amend the following:		
L. If amending name, enter the new name of the limited ital	fility company here:	
Alche Rental Properties, LLC		
he now name must be distinguishable and contain the words "Limited Lisb	lity Company," the designation "LLC	C" or the abbreviation "L.L.C."
Inter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)		
		<u> </u>
		A.> 2
nter new mailing address, if applicable:	<u> </u>	ف جون
Mailing address MAY RE A POST OFFICE BOX)	<del></del>	<u> </u>
	<del></del>	
New Registered Office Address:	Ester Florida street address	
	H <sub>0</sub>	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, Simutare of New Registered Agent

Page 1 of 3

H18000192053 3

\_\_\_\_\_\_\_ Change

## H18000192053 3

MGR = Manager AMBR = Authorized Member					
Ttile	Name	Address	Type of Action		
<del></del>			Add		
		<del> </del>	Remove		
			Change		
		·			
			☐ Remove		
			Change		
			() Add		
			С Кеточе		
			□ Change		
	·	<del></del> ,	O Add		
			D Remove		
		<del></del>			
<del></del>	<del></del>				
			U Remove		
			C Change		
			C) Add		
			C Remove		

Page 2 of 3

## H18000192053 3

	(Audin administration of necessary.)	
·		
		<u> </u>
	······································	
	<del></del>	
	, in the second sec	ი <b>)</b> (დ
		1
		n
		14.18 14.18 14.19
	Ÿ.	7
Effective date, if other than the date of filing:  [so effective date is listed, the date must be specific and earnot be priore  Note: If the date inserted in this block does not meet the applica locument's effective date on the Department of State's records.  e record specifies a delayed effective date, but not The 90th day after the record is filed.	able statutory filing requirements, this date will not be listed	as the
Dated June 28 2018		
	_·	
Signature of a comber or author	arized representative of a member	
Philip K. Calandrino, Esq. Florida Bar No. 14373	30, Attorney for Company	
Typed or printed		

Page 3 of 3

Filing Fee: \$25.00

H18000192053 3