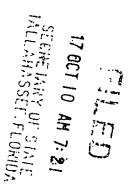
## L17000 114130

(Reque	estor's Name)
(Addre	ss)
(Addre	ss)
(City/S	itate/Zip/Phone #)
PICK-UP	WAIT MAIL
(Busin	ess Entity Name)
(Доси	ment Number)
Certified Copies	Certificates of Status
Special Instructions to Fili	ng Officer:
2017 OCT 10 PM 2:39	
2017 G	Office Use Only



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## **COVER LETTER**

	istration Session of Cor			
	MESA R	ENTALS LLC		
SUBJECT:		Name of Lim	ited Liability Company	
The enclosed	Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return	all correspo	ndence concerning this matter	to the following:	
		MARSHA SIHA		
			Name of Person	
		INCFILE.COM LLC		
			Firm/Company	
		17350 STATE HWY	249 SUITE 220	
			Address	
		HOUSTON TX 7706	64	
			City/State and Zip Code	
		MARSHA@INCFILE	.COM to be used for future annual report no	reliegtron)
Exe firethur in	oformation o	oncerning this matter, please c		incinon,
		oncerning this matter, preuse co		2
MARSHA			888 462-345	
	Name o	f Person	Area Code Daytii	me Telephone Number
Enclosed is a	check for th	ne 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)
	Registr	ING ADDRESS:	STREET/COUP Registration Sect	

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MESA RENTALS LLC		
( <u>Name of the Limited Liability Comp</u> (A Florida Limited	pany as it now appears on our records.) I Liability Company)	
The Articles of Organization for this Limited Liability Compan Florida document number <u>L17000114130</u> .	y were filed on 05/23/2017	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
The new name must be distinguishable and end with the words "Limited Lie	ability 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)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered registered agent and/or the new registered office address he		ter the manne of the new
Name of New Registered Agent:		ETARY C
New Registered Office Address:	Enter Florida street address	OF SIAI
	, Florid:	7 Codo

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 the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Andrew Benecchi	547 GRAMERCY DR NE	<b>A</b> dd
		MARIETTA, GA 30068	□ Remove
		547 Grammercy D	n.ne
AMBR	Elizabeth Benecchi	marjetta, Ga 300	<b>∮ 8</b> _■ Add
			Remove
		547 GRAMERCY DR NE	
AMBR	Spencer Benecchi	Marietta, Ga 300	068 <b>■</b> Add
			Remove
			<del></del>
			☐ Remove
			Remove
			Remove

		<del></del>
Ifective date, if other than the d he effective date must be specific, cannot he date this document is filed by the Flor	late of filing:  the prior to date of receipt or filed date and cannot be partment of State)	(optional) ot be more than 90 days after
Effective date, if other than the diffective date must be specific, cannot the date this document is filed by the Flor October 5	rida Department of State)	(optional) ot be more than 90 days after

17 OCT 10 AM 7: 21
SECRETARY OF STATE
TALLAHASSEE, FLORID,

Page 3 of 3

Filing Fee: \$25.00