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## COVER LETTER

TO:

Registration Section

Division of Corporations ADD a partner to Singh Rental LLC SUBJECT: 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: Malvinder Ajit Name of Person Singh Rentals LLC Firm/Company 3209 Pleasant hill road Address Lynn Haven, Florida, 32444 City/State and Zip Code malvinderajit@yahoo.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Malvinder Ajit Area Code Daytime Telephone Number Name of Person Enclosed is a check for the following amount: □ \$25.00 Filing Fee ■ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & □ \$60.00 Filing Fee. Certificate of Status · Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed) (additional copy is enclosed) MAILING ADDRESS: STREET/COURIER ADDRESS: Registration Section Registration Section Division of Corporations Division of Corporations P.O. Box 6327 · Clifton Building Tallahassee, FL 32314 2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Singh Rentals LLC	•	
( <u>Name of the Limited Liab</u> (A Flori	illiv Company as it now appears on our rec ida Limited Liability Company)	ords.)
The Articles of Organization for this Limited Liability	Company were filed on May 24 2017	and assigned
Florida document number L17000114748	·	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the li	mited liability company here:	
The new name must be distinguishable and contain the words "Li	imited Liability Company," the designation "I	.l.C" or the abbreviation E.L.C."
Enter new principal offices address, if applicable:		<u> </u>
(Principal office address MUST BE A STREET ADL	ORESS)	SS I II
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Enter new mailing address, if applicable:		DE 2
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or reg	•	rds, enter the name of the ne
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street add	lress
		Florida
	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
MGR	Gurprit Sekhon	3209 Pleasant hill road Lynn haven FL 32444	<b>=</b> Add
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tive date, if other than the date of filing:	o date of filing	or more than 90 c	_ (optional lavs after tilin	l) g.) Pursuant to 6	05.0207
If the date inserted in this block does not meet the applica	ble statutory	filing requireme	ents, this dat	e will not be li	sted as
nent's effective date on the Department of State's records.		•			
cord specifies a delayed effective date, but not	:	va tima at 1	2:01 a.m	on the ear	lior of
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June lakh	<b>&gt;</b>				
Signature of a member or author	rized represent	ative of a membe	г		

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Filing Fee: \$25.00