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2017 AUG 21 PK 4: 03 SLUKLIVKY OF STATE ATT AHASSTELFT ORIO.

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COVER LETTER

Division of C	orporations				
/>	AND SON RENTALS, LLC				
3003EC1.	Name of Lin	nited Liability Company			
The englaced Articles	of Amendment and fee(s) are sub	amitted for filing			
		_			
Please return all corres	pondence concerning this matter	to the following:			
	MANUEL J. MARI				
		Name of Person			
	MANUEL J. MARI, P.A.				
	Firm/Company				
	10631 NORTH KENDALL DRIVE, SUITE #205				
		Address			
	MIAMI, FL 33176				
		City/State and Zip Code			
	MANUEL@MANUELJM.				
	E-mail address: (to be used for future annual report notil	fication)		
For further information	concerning this matter, please c	all:			
MANUEL J. MARI		305 279-3140 at ()			
Name of Person		Area Code Daytime	e 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:

TO:

Registration Section

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

2017 AUG 21 PM 4: 03

PEREZ & SON 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 Co	ompany were filed on JULY	07, 2017 and assigned	l
Florida document number L17000145952	_·		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limit	ted liability company here:		
PEREZ & SONS RENTALS, LLC			
The new name must be distinguishable and contain the words "Limit	ted Liability Company," the design	nation "LLC" or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDR)	<u>ESS)</u>		
			 -
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
(Stating lauress SLAT BE A POST OF FICE BOX)			—
B. If amending the registered agent and/or regist		r records, enter the name of th	e new
registered agent and/or the new registered office addr	ess here:		
Name at SM and David action of Actions			
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida s	treet address	
		Florida	
	,	Zip Code	
New Registered Agent's Signature, if changing Registered	Agent:		
I hereby accept the appointment as registered agent a provisions of all statutes relative to the proper and co accept the obligations of my position as registered ag- being filed to merely reflect a change in the registered company has been notified in writing of this change.	mplete performance of my ent as provided for in Chap	duties, and I am familiar with ana oter 605, F.S. Or, if this document	1
	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: FILEL 2017 AUG 21 PK 4: 03 MGR = Manager AMBR = Authorized Member Address Edge (ART OF STATE ARASSEE, FLORID: **Type of Action Title** Name | □ Add ☐ Remove _□ Change _□ Remove _□ Change _□ Add ☐ Remove _□ Change __ 🗆 Add ☐ Remove _□ Change _□ Add _□ Remove _□ Add □ Remove _□ Change

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		TALLARIAKTO:
		TALLAHASSEE FLOR
		
Effective date, if other than t	he date of filing:	(optional)
	block does not meet the applicable st	of tiling or more than 90 days after filing.) Pursuant to 605.020 tatutory filing requirements, this date will not be listed a
the record specifies a delay The 90th day after the r		effective time, at 12:01 a.m. on the earlier
08/04 Dated	2017	
		representative of a member

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00