# L18000033008

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### **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: SARMIENTO 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:
DORIS L. MARTINEZ  Name of Person
SARMIENTO REAGLS 210 Firm/Company
3268 KRESTER DROOKELN
ZephyRhills FL 33540 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Dais L. MARTINEZ a 813, 298-7985
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
S25.00 Filing Fee   S30.00 Filing Fee &   S55.00 Filing Fee &   S60.00 Filing Fee &   Certificate of Status   Certified Copy (additional copy is enclosed)   Certif

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

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SARMIENTO RENTALS, LLC

(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.) Hability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L/800003300</u> 8	were filed on $\frac{C2/06/20/8}{200}$ and assigned
If amending name, enter the new name of the limited liability company here:  new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC,"  ter new principal offices address, if applicable:  incipal office address MUST BE A STREET ADDRESS)  ter new mailing address, if applicable:  ailing address MAY BE A POST OFFICE BOX)  If amending the registered agent and/or registered office address on our records, enter the name of the new registered	
is amendment is submitted to amend the following:  If amending name, enter the new name of the limited liability company here:  new name must be distinguishable and contain the words "Limited Liability Company," the designation "L.L.C" or the abbreviation "L.L.C." ter new principal offices address, if applicable:  incipal office address MUST BE A STREET ADDRESS)  ter new mailing address, if applicable:  ailing address MAY BE A POST OFFICE BOX)  If amending the registered agent and/or registered office address on our records, enter the name of the new registered ent and/or the new registered Agent:  Name of New Registered Agent:  New Registered Office Address:  Enter Florida sweet address  Florida	
The new name must be distinguishable and contain the words "Limited Liabil	lity 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)	77.2021
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, <u>enter the name of the new registered</u>
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
<del></del>	City Zip Code
New Registered Agent's Signature, if changing Registered Agent:	
I hereby accept the appointment as registered agent and agr	ee 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, <u>enter the title, name, and address of each person\_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	<u>Address</u>	Type of Action
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	Ronnie M. SARMI	ZephyRhills,	FL 33540   Remove
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an effective date is listed, t lote: If the date inserted	he date must be specific a	nd cannot be prior to	date of filing or more t	han 90 days after f	iling.) Pu	suant to 605 not be list	5.020° ed as
ocument's effective date	e on the Department of	f State's records.					
record specifies a delay	ed effective date, but n	ot an effective time	e. at 12:01 a.m. on tl	ne earlier of: (b)	The 90	th day after	r the
l is filed.						•	
Pated	100h 21	2021					
ated	$\frac{\mathcal{M}}{\mathcal{M}}$	. <u>XVX 1</u>	•				
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Typed or printed name of signee