# L180000 80890

(Red	questor's Name)	
(Add	dress)	_
(Add	dress)	
(City	//State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bus	siness Entity Nan	ne)
(Doc	cument Number)	
Certified Copies	Certificates	of Status
Special Instructions to F	Filing Officer:	





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2018 APR -4 PM 3: 21

## **COVER LETTER**

TO: Registration Section Division of Corpor			
SUBJECT: O~	The 60 Ev Name of Limite	ent Rentals L	<u>LC</u>
The enclosed Articles of Am	endment and fee(s) are subm	itted for filing.	
Please return all corresponde	nce concerning this matter to	the following:	
	Forest	V A_ Allc_ Name of Person	
•		Name of Person	
	On the c	30 clent rental	21
	13892 Sc	~ 43°0 st	
		Address	
		i∈ FL 33330	
Chadvan Allen@ bellsouth. net			
<del></del>	Chad Emiledens 40	be used for future annual report notification	th. Let
	,	•	uon)
For further information conce	erning this matter, please call	:	
Chad Va- A	111-	at (954) 599- Area Code Daytime To	8210
Name of Per	rson	Area Code Daytime To	elephone Number
Enclosed is a check for the fo	Nowing amount:		
\$25.00 Filing Fee	330.00 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)

### MAHING ADDRESS:

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

## TO ARTICLES OF ORGANIZATION OF

(Name of the Limited ). (A F	ability Computer as it now appears on orida Limited Liability Company)	our records.)
		erch 29, 2018 and assigned
The Articles of Organization for this Limited Liabil		and assigned
Florida document number <u>L190000 fo Q90</u> .		
This amendment is submitted to amend the following	g:	
A. If amending name, enter the new name of the	limited liability company here:	
The new name must be distinguishable and contain the words	"Limited Liability Company," the design	nation "LEC" or the abbreviation "L.E.C."
Enter new principal offices address, if applicable		
(Principal office address MUST BE A STREET A.	ODRESS)	<u> </u>
		APR
D 4 11 12 14 15 15		ASS.
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX		<u> </u>
		STA C.
		10p/
B. If amending the registered agent and/or registered agent and/or the new registered office		r records, enter the name of the no
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida s	treet address
_	, Florida	
	City	Zip Code
New Registered Agent's Signature, if changing Regis	tered Agent:	
I hereby accept the appointment as registered ag provisions of all statutes relative to the proper a accept the obligations of my position as registere being filed to merely reflect a change in the regis	id complete performance of my d d agent as provided for in Chap	duties, and I am familiar with and ster 605, F.S. Or, if this document is

If Changing Registered Agent, Signature of New Registered Agent

company has been notified in writing of this change.

## or removed from our records:

MGR =	Manager	
AMBR =	Authorized	Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Forest Va. Alla	13865 20 AJG	S+ DAJIE FL. 33370
		- <del></del>	Remove
. 4			Change
MGR	Nicole Laurie	13892 SW4710 : DAVIE, Fl	5+ □ Add
		DAVIE, FL	Remove
			Change
		<del></del>	
			□ Remove
			☐ Change
			Add
			□ Remove
			© Change
		<u> </u>	
		<del></del>	Remove
			Change
*	<del></del>		Add
			□ Remove
			□ Change

Effective date, if other than the date of filing:  (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207.  Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as idocument's effective date on the Department of State's records.  The 90th day after the record is filed.  Dated 4-3-2018  Figurity of a member or authorized representative of a member  Forest Van All  Typed or printed name of signee				
Effective date, if other than the date of filing:	, <del>- · · · · · · · · · · · · · · · · · · </del>			
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Effective date, if other than the date of filing:  ((If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.02071.  Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as to document's effective date on the Department of State's records.  The record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:  The 90th day after the record is filed.  Dated 4-3-2018  Figurature of a member or authorized representative of a member				
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Signature of a member or authorized representative of a member	Dated 4-3-2018			
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Filing Fee: \$25.00