1198000088911

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
Office Use Only 3 . C . O8/09/2



600370081946

07/23/21--01013--020 **25.00

';



COVER LETTER

	Registration Se Division of Co			
erin me		R. OLESKY RENTALS LLC		
SUBJEC	.1:	Name of Lim	ited Liability Company	
The encl	osed Articles of	Amendment and fee(s) are sub	omitted for filing.	
		ondence concerning this matter		
		Maria Bryant Esq.		
			Name of Person	_
		The Haba Law Firm		
			Firm/Company	_
		12420 Pebble Stone Court		
			Address	_
		Fort Myers FL 33913		
			City/State and Zip Code	_
		mariabryant@habalaw.com		
		E-mail address: (to be used for future annual report notification)	J)
For furth	er information o	concerning this matter, please c	all:	, CD
Maria B	ryant		225 209-4700 at ()	•••
	Name o	of Person	Area Code Daytime Telephone Numbe	73
Enclosed	l is a check for t	he following amount:		A J
■ \$25 .0	00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	(additional copy is enclosed) Certified	ate of Status &
	Mailing Address Registration of C P.O. Box 632	Section Corporations	Street Address: Registration Section Division of Corporations The Centre of Tallahassee	

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

EDWARD R. OLESKY 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 Company were filed on 04/08/2018 and assigned Florida document number L18000088911 This amendment is submitted to amend the following: 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 designation "LLC" or the abbreviation "LLC." 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 office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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.

City

If Changing Registered Agent, Signature of New Registered Agent

, Florida

Zip Code

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	EDWARD OLESKY	6001 Lake Trafford Road	🗆 🗆 Add
		Immokalee FL 34142	Remove
	EDWARD RONALD		
MGR	OLESKY REVOCABLE TRUST	6001 Lake Trafford Road	■Add
		Immokalee FL 34142	Remove
			□ Change
			③ □Remove
			(D) ☐Change
			 ^EAdd
			A . I ☐Remove 2
			□ Change
			□Add
			□Remove
			□Change
			🗆 Add
		<u> </u>	□Remove
			□ Change

									
				<u>-</u>				-	
			_					_	
									
									
							<u> </u>		
					_				
							-		
	<u></u>	 .							
									
	_					-			•
		<u></u>							~ ~~ .
			•						<u>~~~</u>
						-			<u>> </u>
									:- `-
ffective d	late, if other th	an the date o	of filing: _				(optio	nal)	<u> </u>
an effective oter If th	e date is listed, the le date inserted in	date must be spe a this block do.	cific and cant es not meet	not be prior to the applical	o date of filing ble-statutory	or more than ? Filing require	0 days after f ments, this	iling.) Pursua date will no	int to 605.020 at be listed a
cument's	s effective date o	n the Departm	ent of State	's records.	-	ν.			
	ecifies a delayed	effective date,	but not an e	ffective tin	ne, at 12:01 a	.m. on the ea	rlier of: (b)	The 90th	day after the
l is filed.	7/20	1/21	(7/ 7/	e 17-11-11	7//				
record spo I is filed. Pated	7/20	1/21							

. . .

Filing Fee: \$25.00