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(Re	equestor's Name)	
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PICK-UP	WAIT	MAIL
(Bu	isiness Entity Name)
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Certified Copies	Certificates of	Status
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COVER LETTER

TO:	Registration Se Division of Cor				
SUBJE		S RENTALS LLC			
SODJE	C1.	Name of Lim	ited Liability Company		
The enc	losed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please r	eturn all correspo	ondence concerning this matter	to the following:		
			CLAUDINE A. WRIGHT		
		<u> </u>	Name of Person		
		•	GENARD'S RENTALS LLC		
			Firm/Company	984	
		926 9	926 SW GRAND RESERVE BOULEVARD		
			Address		
		PO	PORT ST LUCIE, FL 34986		
			City/State and Zip Code cd073@aol.com		
		E-mail address: (to be used for future annual report notific	cation)	
For furti	her information c	oncerning this matter, please ca	alt:		
CLAUL	DINE A. WRIGH	Т	772 519-2		
	Name o	f Person	Area Code Daytime	Telephone Number	
Enclose	d is a check for th	ne 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)	
		ING ADDRESS: ration Section	STREET/COURIE Registration Section		

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF ORGANIZATION **OF**

GENARD'S REI	NTALS LLC	FILED
(Name of the Lim	ited Liability Company as it now appear (A Florida Limited Liability Company)	ZUTB NOV -9 AM 8: 59
The Articles of Organization for this Limited Florida document number £18000130779	Liability Company were filed on 05.	724/2018 SECRETARY cand assigned TALLAHASSEE, FL
This amendment is submitted to amend the fol	lowing:	
A. If amending name, enter the new name	of the limited liability company he	re:
he new name must be distinguishable and contain the Enter new principal offices address, if appli Principal office address MUST BE A STRE	cable:	esignation "LLC" or the abbreviation "L.L.C."
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE	BOX)	
3. If amending the registered agent and egistered agent and/or the new registered of	Vor registered office address on	our records, enter the name of the nev
Name of New Registered Agent:	CLAUDINE A. WRIGHT	
New Registered Office Address:	926 SW GRAND RESERVE BOU	JLEVARD ida street address
	PORT ST LUCIE	34986

ew Registered Agent's Signature, if changing Registered Agent:

hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the ovisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and cept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is ing filed to merely reflect a change in the registered office address. I hereby confirm that the limited liability mpany has been notified in writing of this change.

City

Florida

Zip Code

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	CLAUDINE A. WRIGHT		
			□ Add
		926 SW GRAND RESERVE BLVD PORT ST LUCIE, FL 3 4 986 (W)	■ Remove
			☐ Change
			□ Add
			□ Remove
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			Remove
			O Add
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			Change

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ffect	ive date, if other than the date of filing: (optional)
an ef	Sective 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 (3)(b
	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the
	ent's effective date on the Department of State's records.
	·
o re	cord 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.
1116	Journal of the record is filed.
_	NOVEMBER 6 2018
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	Surface of the surfac
	Signature of a member of authorized representative of a member
	PAULA, WRIGHT //
	Vyped or printed name of signee
	Californ of bruned name of signer.

Page 3 of 3

Filing Fee: \$25.00