

Division of Corporations Electronic Filing Cover Sheet

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN RENTEC 1 LLC

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Electronic Filing Menu

Corporate Filing Menu

Help

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| RENTEC 1 LLC | | | | |
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| (Name of the Limited Liability Com | pany as it now appears on o | our records.) | | • |
| VA FIGURE CHARGE | d Distinity Company) | | | |
| = | ny were filed on | 9/22/2018 | and a | ssigned |
| Florida document number L18000218057 | | | | |
| This amendment is submitted to amend the following: | | | | |
| A. If amending name, enter the new name of the limited lie | bility company here: | 2 | 2519 | |
| | | • | | Γ_{i} |
| The new name must be distinguishable and contain the words "Limited Lia | bility Company," the designs | tion "LLC" or 1 | ie abpreviation " | L.L.C.Z |
| Enter new principal offices address, if applicable: | | | ? 2 | : 7 |
| A. If amending name, enter the new name of the limited liability company he the new name must be distinguishable and contain the words "Limited Liability Company," the defenter 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) 3. If amending the registered agent and/or registered office address on existered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Flor City New Registered Agent's Signature, if changing Registered Agent: hereby accept the appointment as registered agent and agree to act in this convisions of all statutes relative to the proper and complete performance of accept the obligations of my position as registered agent as provided for in Caling filed to merely reflect a change in the registered office address, I hereb | | | : . <u>U</u> | ·} |
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| registered agent and/or the new registered office address he Name of New Registered Agent: | | | | |
| Now Registered Office Made eds. | Enter Florida str | eet address | | *************************************** |
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| open processor of soft at the state of the | I City | , Fiorida | Zip Code | |
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| New Registered Agent's Signature, it changing Registered Agent | <u> </u> | | | |
| provisions of all statutes relative to the proper and complet accept the obligations of my position as registered agent as | e performance of my diprovided for in Chapt | uties, and I a er 605, F.S. (| m familiar w Or, if this doc | ith and ument is |
| If Ch | inging Registered Agent, Si | gnature of New | Registered Age | nt |

| or remove | ed from our records: | | |
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| MGR = AMBR = | Manager Authorized Member | | |
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| ted | Marafi 25 January-16 | 2019 | | | |
| _ | Signature | of a member of authorized | representative of a mer | mber | |
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Filing Fee: \$25.00