

L18000290388

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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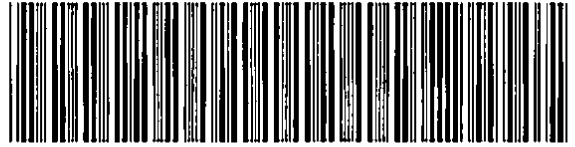
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

19 AUG -7 AM 11:16

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AUG 14 2019

T. SCHROEDER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MIAMI RENTALS EQUIPMENT 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:

VERONICA CESIN

Name of Person

MIAMI RENTALS EQUIPMENT LLC

Firm/Company

9773 NW 49 TER

Address

City/State and Zip Code

DORAL FLORIDA 33178

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

VERONICA CESIN

786

217-7984

at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the 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)

MAILING 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

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

MIAMI REANTALS EQUIPMENT 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 12/19/2018 and assigned
Florida document number L18000290388.

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 "L.L.C."

Enter new principal offices address, if applicable:

9773 NW 49 TER, DORAL, FL 33178

(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:

VERONICA CESIN

New Registered Office Address:

9773 NW 49 TER

Enter Florida street address

DORAL

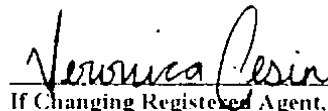
City

Florida 33178

Zip Code

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.



If Changing Registered Agent, Signature of New Registered Agent

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>	<u>Address</u>	<u>Type of Action</u>
MGR	MILENA PACHECO	9773 NW 49 TER	<input type="checkbox"/> Add
		MILENA PACHECO	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	VERONICA CESIN	9773 NW 49 TER	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	ANDRES CESIN	9773 NW 49 TER, DORAL FL. 33178	<input checked="" type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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AUG 7 11:11 AM
CLERK OF DISTRICT COURT
DADE COUNTY, FLORIDA

19 AUG -7 PM 1:16
 100-100000-100000

FILED
19 AUG -7 AM 11:10
FBI - MEMPHIS

(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 (3)(b)

Dated 08/03/2019

Veronica Cesin
Signature of a member or authorized representative of a member

Typed or printed name of signee