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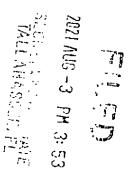
(Requestor's Name)	
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COVER LETTER

RentalInve SUBJECT:	sting.com LLC			
SUBJECT:	Name of Lir	nited Liability Company	 	
The enclosed Articles of	Amendment and fee(s) are sul	bmitted for filing.		
Please return all correspo	ondence concerning this matter	r to the following:		
	James T. White			
		Name of Person		
	RENTALINVESTING.C	OM LLC		
				
	508 N Harbor City Blvd			
	Melbourne, Florida, 3293	5		
		City/State and Zip Code		
	hello@easlerlaw.com	to be used Co. Co.		20
For further information c	oncerning this matter, please o	(to be used for future annual report notificall:	ration)	7021 AUG -
James T White		321 206-3603		, ω , _
Name o	f Person		Telephone Number	PH 3: 5
Enclosed is a check for th	ne following amount:		ָרָדיִי	, ω
■ \$25.00 Filing Fee	☐ \$30,00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing F Certificate of S Certified Copy (additional copy is	Status &
Mailina Addres	e•	Stungt tiddrigge		

Mailing Address:

TO:

Registration Section Division of Corporations

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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

RENTALINVESTING.COM 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 Florida document number L19000037075	Liability Company were filed on	2/07/2019	and assigned
This amendment is submitted to amend the fo	dlowing:		
A. If amending name, enter the new name	of the limited liability company h	iere:	
The new name must be distinguishable and contain the	words "Limited Liability Company," the	designation "LLC" or the abl	breviation "L.L.C."
Enter new principal offices address, if appl	licable:		
(Principal office address MUST BE A STRE	EET ADDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B. If amending the registered agent and/or agent and/or the new registered office address	registered office address on our i	records, enter the name	2021 AUG -3 PH 3: 5
Name of New Registered Agent:	Easler Law, PLLC		
New Registered Office Address:	500 M H 1 - 60 - D1 - 1		
New Registered Office Address:	508 N Harbor City Blvd	wida street address	
New Registered Office Address:		orida street address Florida 329	125

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 Begistered 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>	Address	Type of Action
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			□Remove
			□Change
			🗆 Add
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te: If the date inserted in this blowment's effective date on the D	ock does not r	neet the applic	able statutory f	ling requirement	nts, this date	will not be	e listed as
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ecord specifies a delayed effective s filed.	e date, but not	an effective ti	me, at 12;01 a.i	n. on the earlie	rof:(b) The	e 90th day	after the
ted July 28		. 2021	·				
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