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PICK-UP	WAIT	MAIL
	Business Entity Name	<u> </u>
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(C	Ocument Number)	
Certified Copies	Certificates o	of Status
Special Instructions t	o Filing Officer:	
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## **COVER LETTER**

Divi	ision of Cor	porations		
CHDICCT.		0 Rentals LLC		
SUBJECT:		Name of Lim	ited Liability Company	
The enclosed	Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return	all correspo	ndence concerning this matter	to the following:	
		Alina Schuh		
			Name of Person	
		1929 S.W. 17th Court	Firm/Company	
		1929 3.W. 17th Court	Address	
		Miami, FL 33145		
		xeniaxenia1931@gmail.com	City/State and Zip Code n	
		E-mail address: (	to be used for future annual report notif	ication)
For further in	formation c	oncerning this matter, please ca	all:	
Alina Schuh			786 271-1081 at ()	
	Name of	Person	Area Code Daytime	e Telephone Number
Enclosed is a	check for th	e following amount:		
<b>≘</b> \$25,00 F:	iling 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:

TÖ:

**Registration Section** 

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

1931 & 1060 Rentals LLC	
( <u>Name of the Limited Liubility Co</u> (A Florida Lim	ompany as it now appears on our records.) ited Liability Company)
The Articles of Organization for this Limited Liability Comp	pany were filed on 04/01/2019 and assigned
Florida document number L19000088583	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited	liability company here:
1060 Rentals LLC	
The new name must be distinguishable and contain the words "Limited I	Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
Principal office address MUST BE A STREET ADDRESS	5)
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	2019 SEP
B. If amending the registered agent and/or registered egistered agent and/or the new registered office address	d office address on our records, enter the name of the here:
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
<del></del>	, Florida
· <del>· · · ·</del>	City 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>	Type of Action
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			Change

Effective date, if other than the date of filing:  [Optional]  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  Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as document's effective date on the Department of State's records.	· '		
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