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## **COVER LETTER**

Registration Section Division of Corporations

TO:

1060 REN	TALSTLC		
30bjec1:	Name of Lin	ited Liability Company	The second secon
The enclosed Articles of	f Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	ALINA SCHUH		
	-	Name of Person	
		Firm/Company	
	1929 SW 17 COURT		
	MIAMI, FL 33145	Address	
		City/State and Zip Code	<del></del>
	xeniaxenia1931@gmail.com	n to be used for future annual report nout	
For further information of	concerning this matter, please c	•	ication)
ALINA SCHUH		786 271-1081	
Name (	of Person	at () Area Code Daytime	: Telephone Number
Enclosed is a check for t	he 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)
	JING ADDRESS: ration Section	STREET/COURII Registration Section	
P.O. B	on of Corporations fox 6327 assee, FL 32314	Division of Corpora Clifton Building 2661 Executive Cer	ntions

Tallahassee, FL 32301

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

10		
ARTICLES OF O	RGANIZATION	
O	F	
1060 RENTALS LLC		
(Name of the Limited Liability Compar (A Florida Limited L	iy as it now appears on our records.)	
(111101001111100111	and the company	
The Articles of Organization for this Limited Liability Company	were filed on <u>04/01/2019</u>	and assigned
Florida document number 1.19000088583		٦, ٠
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	lity company here:	
the mane of the influence mane	it Company iter.	
The new name must be distinguishable and contain the words "Limited Liabili	2 (2 ) Wal 1 ' 2' M 1 (1)	4 11 12 91 02
the new name must be distinguishable and contain the words. Limited Liabili	ty Company, the designation TLLC of	or the appreviation "L.L.C.
Enter 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)	***************************************	
B. If amending the registered agent and/or registered off		enter the name of the new
registered agent and/or the new registered office address here	<b>:</b>	
Name of New Registered Agent:		
New Period of a Address		
New Registered Office Address:	Enter Florida street address	
· <del></del>	, Flori	ida Zip Code
	City	zsp Coae
New Registered Agent's Signature, if changing Registered Agent:		
hereby accept the appointment as registered agent and agre	e to act in this capacity. I furth	her agree to comply with the
provisions of all statutes relative to the proper and complete $\mu$	performance of my duties, and	I am familiar with and
accept the obligations of my position as registered agent as p		
being filed to merely reflect a change in the registered office of	iddress, 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>	Name	<u>Address</u>	Type of Action
MGR	ALINA M SCHUH	1929 SW-17 COURT	
			D Add
		MIAMI, FL 33145	
			Remove /
		1929 SW 17 COURT	<b>5</b> 01
	ALINA S SCHUH	MIAMI, FL 33145	Change
MGR	ALINA S SCHOIL	SHASH, 14, 00140	<b>B</b> Add ✓
			B 7 tuu ¥
			Remove
			Change
			Add
			Remove
			□ Change
			Add
			□ Ветюче
			☐ Change
		<del></del>	□ Remove
		<del></del>	☐ Change
			☐ Add
			Remove
			□ Change

D. If ame	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
-	
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(It an effe Note:	ve date, if other than the date of filing:
f the rec b) The	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
Dated _	Detober 3, 2019
	Signature of a member or authorized representative of a member
	ALINA'S SCHUH

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00