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PICK-UP WAIT MAIL
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COVER LETTER

Division of Cor	porations		
SUBJECT: JOD	es Rental Prop	Derties LLC and Liability Company	
	Amendment and fee(s) are subtendence concerning this matter to	_	
	Laura	Done S Name of Person	
	Jones Renta	Properties, Ll	<u>L</u> C
	3860 Poll	Address	
	Perry, F	Loxi da 3234- City/State and Zip Code	1
	LKA 2006 OF E-mail address: (1	ne. Com to be used for future annual report noti	fication)
For further information c	oncerning this matter, please ca	ill:	
L AUVA : Name o	JONES FPerson	at (851) 843. Area Code Daytim	re Telephone Number
Enclosed is a check for the	ne 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

TO:

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

Jones Rental Prompany (Name of the Limited Liability Company (A Florida Limited Liab	opertes, LLC at it now appears on our records.) bility Company)
The Articles of Organization for this Limited Liability Company we Florida document number <u>119000110850</u> .	ere filed on $\frac{4/23/2019}{}$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability	y company here:
The new name must be distinguishable and contain the words "Limited Liability	Company," the designation "L.L.C." or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable:	2019 AU SEC TALL
(Mailing address MAY BE A POST OFFICE BOX)	AH 26
B. If amending the registered agent and/or registered office registered agent and/or the new registered office address here:	S. S
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	Florida
	City Zip Code
New Registered Agent's Signature, if changing Registered Agent:	

If Changing Registered Agent, Signature of New Registered Agent

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with 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 amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being ad or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
MGR	Blair Jones	3860 Polhill Drive Perny FLORIDA 3234	D'Add)
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(If an effec <u>Note:</u> I	tive 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 of the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as not's effective date on the Department of State's records.
	and 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 _	August 19 2019.
	Signature of a member or authorized representative of a member
	Laura Jones, MER

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Filing Fee: \$25.00