L 19000199626

(Requestor's Name)
(Address)
(1)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Dusiness Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
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R. WHITE.

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: VILLAGE BUGGY REA	ITALS LLC nited Liability Company	
The enclosed Articles of Amendment and fee(s) are sub	omitted for filing.	
Please return all correspondence concerning this matter	to the following:	
	Name of Person	
VTILAGE BU	GGY RINTALS LLC.	
36335 Funest	DEL DICTUE Address	
Eustas, FL	32736 City/State and Zip Code	
	TRALS @ GMATE. CON	nation)
For further information concerning this matter, please c	all;	
Name of Person	at (352) 267 · 8 Area Code Daytime	767 : Telephone Number
Enclosed is a check for the following amount:		
□ \$25.00 Filing Fee & S30.00 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

VILLAGE BUGGY	RENTALS, LLC. 2019 S. 1. 20 PH 4: 01; Liability Company as it now appears on our records.) Florida Limited Liability Company)
(Name of the Limited (A	Liability Company as it now appears on our records.) Florida Limited Liability Company)
The Articles of Organization for this Limited Liab	ility Company were filed on and assigned and assigned
Florida document number <u>L 900019962</u>	• 1
This amendment is submitted to amend the follow	ing:
A. If amending name, enter the new name of th	e limited liability company here:
The new name must be distinguishable and contain the word	ls "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicabl	le:
(Principal office address MUST BE A STREET A	ADDRESS)
Enter new mailing address, if applicable:	
Mailing address MAY BE A POST OFFICE BO	<u></u>
R 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	e address here:
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	Florida
_	Florida 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>	Address	Type of Action
MGR	JASON LEVY	31335 FURCSIDEL DRIVE	□ Add
	,	36335 FURSTDEL DRIVE EUSTIS, FL 32736	□ Remove
			Change
		****	Add
			□ Remove
			Change
		Add	
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			☐ Change
			
			□ Remove
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			Add
		[Remove
			Change
			Remove
			Change

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r. ee	e date, if other than the date of filing:
lf an effec <u>Note:</u> If	tive date, if other than the date of filing:
	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier 0th day after the record is filed.
	09-16-19
	Signature of a member or authorized representative of a member

Page 3 of 3

Filing Fee: \$25.00