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(0,	equestor's Name)	
(Re	equestor's Name)	
		-
(Ad	idress)	
(Ac	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nan	ne)
(Dc	ocument Number)	<u> </u>
Certified Copies	_ Certificates	s of Status
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COVER LETTER

TO		istration Sec ision of Corp			
e r	in irzyr.	-	City Rentals, LLC		
SU	JBJECT:			ted Liability Company	
Th	e enclosed	Articles of a	Amendment and fee(s) are subn	nitted for filing.	
Pk	ase return	all correspoi	ndence concerning this matter t	o the following:	
			Carl E Crespo		
				Name of Person	
			Slingshot City Rentals		
				Firm/Company	.
			4390 7th Ave SW	, .	
				Address	· · · · · · · · · · · · · · · · · · ·
			Naples, FL 34119		
			slingshotcityrentals@gmail.co	City/State and Zip Code	
			E-mail address: (to	o be used for future annual report n	otification)
Fo	r further in	nformation co	oncerning this matter, please ca	n:	
Ca	armen Cre	espo		203 650-7157	,
		Name of	Person	at () Area Code Dayt	ime Telephone Number
En	closed is a	check for th	e following amount:		
	\$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:

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

SLINGSHOT CITY RENTALS, L			
(Name of the Limit	ed Liability Company (A Florida Limited Lia	y as it now appears on our records.) ability Company)	
The Articles of Organization for this Limited Li Florida document number L19000240501		vere filed on September 23, 2019	and assigned
This amendment is submitted to amend the follo			
A. If amending name, enter the new name of	the limited liabil	ity company here:	
The new name must be distinguishable and contain the w	ords "Limited Liabilit	y Company," the designation "LLC" or the a	bbreviation "L.L.C."
Enter new principal offices address, if applic	able:		
(Principal office address MUST BE A STREE	T ADDRESS)		
Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE B. If amending the registered agent and/ registered agent and/or the new registered of	or registered offi		the name of the i
Name of New Registered Agent:	Carl E. Crespo		हिंस ज
New Registered Office Address:		Enter Florida street address	
		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	Carl E. Crespo	4390 7th Ave SW Naples, FL 34119	□ Add
			☐ Remove
			☐ Change
			□ Add
			Remove
			Change
			Add
			Remove
			Change
			□ Remove
			Change
			☐ Remove
			Change
			□ Add
			□ Remove
			Change

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		,		***************************************	
Note	etive date, if other than the flective date is listed, the date in serted in this liment's effective date on the	block does not meet the app	plicable statutory filing requi	(optional) n 90 days after filing.) Pursuant to 605, rements, this date will not be liste	.0207 (3)(ted as the
	ecord specifies a delaye e 90th day after the re		not an effective time,	at 12:01 a.m. on the earlie	er of:
Date	October 10	2019			
. 7		(a) St.	and s		

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00