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COVER LETTER

TO: Registration So Division of Cor			
	Rental Company of Pinellas, L	LC -	•
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Kim Payne		
		Name of Person	
	Affordable Rental Compar	ny of Pinellas, LLC	
		Firm/Company	
	702 Karlyn Drive		
	 .	Address	-
	Clearwater, FL 33755		
	 	City/State and Zip Code	
	paynekim19@aol.com		,
For further information of	concerning this matter, please c	to be used for future annual report noti all:	neation)
Kim Payne		727 462-5266	
Name o	d Person		e Telephone Number
Enclosed is a check for ti	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)
Mailing Address Registration	Section	Street Address: Registration Sec	
Division of C P.O. Box 632		Division of Cor The Centre of T	•

Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

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

FILED

2021 JAN 11 PM 1:53

Affordable Rental Company of Pinellas, LLC

(Name of the Limited Liability Company as it now appears on our records ATASSEE, FL

The Articles of Organization for this Limited Liability Company	were filed on 10 December 201	9 and assigned	
Florida document number L19000301361			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company here:		
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC	" or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:	702 Karlyn Drive Clearwater, FL 33755		
(Principal office address MUST BE A STREET ADDRESS)			
			
Enter new mailing address, if applicable:	702 Karlyn Drive		
(Mailing address MAY BE A POST OFFICE BOX)	Clearwater, FL 33755		
agent and/or the new registered office address here: Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida street addres	'N	
	, FI	orida Zip Code	
New Registered Agent's Signature, if changing Registered Agent:	-		

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
SOLE MI	Keith A. Ringelspaugh	3347 49th Street North	□Add
		St. Petersburg, Florida 33710	■Remove
			□Change
MEMBEI	Jason P. Toms	1639 St. Pauls Drive	
		Clearwater, Florida 33764	□Remove
			□Change
MEMBEI Alessandra Harris	Alessandra Harris	1106 Stevenson Avenue	■Add
		Clearwater, Florida 33755	□Remove
		□Change	
			□Remove
			□Change
			□Add
			
			□Change
*			
			□Remove
			□Change

Effec	tive date, if other than the date of filing:
Note:	tive date, if other than the date of filing:
the reco	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the filed.
ord is t	
ord is f	1 January 5 . 2021
cord is f	- Mundon
ord is f	January 5 2021 Signature of a member of authorized representative of a member

Filing Fee: \$25.00