L200000 87015

(Requestor's Name)	
(Address)	_
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
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COVER LETTER

TO: Registration Section

Division of Cor	porations		
LFDDLH	RENTALS LLC		at .
SUBJECT:	Name of Lin	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:	
	LAWANDA F DEAN-JO	NES	
		Name of Person	
	 	Firm/Company	
	4437 BASSWOOD RD		
		Address	
	GREENWOOD, FL 3244	3-1855	
	<u> </u>	City/State and Zip Code	
	lfaydean@me.com	to be used for future annual report not	(Mondon)
For further information c	oncerning this matter, please c	•	ineanon)
LAWANDA F DEAN-J	ONES	954 257-7356	
Name o	f Person	at () Area Code Daytin	ne Telephone Number
Enclosed is a check for the	he 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)
<u>Mailing Addres</u> Registration (<u>Street Address:</u> Registration Sc	ection
Division of C	Corporations	Division of Co	rporations
P.O. Box 632 Tallahassee		The Centre of	Tallahassee oe Street, Suite 840

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LFDDLH RENTALS LLC
(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 03/23/2020 _ and assigned Florida document number <u>1.20000087075</u> This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation 4437 BASSWOOD RD Enter new principal offices address, if applicable: GREENWOOD, FL 32443-1855 (Principal office address MUST BE A STREET ADDRESS) 4437 BASSWOOD RD Enter new mailing address, if applicable: GREENWOOD, FL 32443-1855 (Mailing address MAY BE A POST OFFICE BOX) B. 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 address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address , Florida Cuv

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
AMBR	DANIELLE HAMMONS	1748 BROOKSIDE BLVD	🖸 Add
		TALLAHASSEE, FL 32301	≣Remove
			□Change
			□Change
			DAdd
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			Remove
			☐ Change
			\ _Add
			□Remove
			Chan

	
Note	tive date, if other than the date of filing:
he 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.
Dated	H27/2020 X2h/de A Trans
	Signature of a member of authorized representative of a member
	JAWANDA F DEAN-JONES Typed or printed name of signee

Filing Fee: \$25.00