Division of Corporations **Electronic Filing Cover Sheet**

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(((H20000110303 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : DEAN, MEAD, EGERTON, BLOODWORTH, CAPOUANO &-BOZARTHE P.A

Account Number : 076077001702 Phone : (407)841-1200

Fax Number : (407)423-1831

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: scottrichbourg@aol.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN ASSOCIATION OF INDEPENDENT RENTAL OPERATORS LLC

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Electronic Filing Menu Corporate Filing Menu

Help

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2020



ARTICLES OF AMENDMENT TO (((H20000110303 3))) ARTICLES OF ORGANIZATION OF

(Name of the Limi	ied Liability Company as II now appoar (A i-lorida Limited Liability Company)	on our records.)			
The Articles of Organization for this Limited I Florida document number <u>L20000097233</u>	iability Company were filed on Ap	orit 6, 2020		and assig	ned
his amendment is submitted to amend the following:					
A. If amending name, enter the new name of	of the limited liability company he	<u>re</u> :			
The new name must be distinguishable and contain the	words "Limited Liability Company," the de	esignation "LLC" or th	o abbravi	ation "L.L.	C."
Enter new principal offices address, if appli	cable:		-		
(Principal office address MUST BE A STRE	ET ADDRESS)		- 	<u>]]</u>	
				()	
			7.7	<u> </u>	
Internationalling address of applicables			\mathbb{S}^{2}	S	į
Enter new mailing address, if applicable:			 	77	111
<u>(Mailing address MAY BE A POST OFFICE</u>	<u></u>			- <u>-</u>	-
			<u>s.</u> E	- 	
			÷ ·		
B. If amouding the registered agent and/or agent aud/or agent aud/or the new registered office addre		ccords, <u>enter the r</u>	iome of	the new	register
Real Alloyd the new registered office about	as note,				
Name of New Registered Agent:	Dean Mead Services, LLC				
New Registered Office Address:	420 S. Orange Avenue, Suite 700				
	Enter Flor	ida şveet address			-
	Orlando	, Florida	32801		
	City	,		up 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.

Changing Registered Agent, Stateturn of Haiv 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: (((H20000110303 3)))

MGR = Manager AMBR = Authorized Member

Title	Name	Address	Type of Action
MGRM	Scott C. Richbourg	6140 Edgewater Drive, Suite E	□Add
		Orlando, FL 32810	≣ Kemove
			□ Change
MGR	AIRO Services LLC	6140 Edgewater Drive, Suite E	🗏 Add
		Orlando, FL 32810	□ Remove
			Change
			□Add
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ffective date, if other than the offective date is listed, the date in sorted in this locument's effective date on the	block does not m	ieet the applical	date of filing or mo le statutory filing	(option than 90 days after requirements, this	nal) fling.) Pursuant to 605.0 date will not be listed
record specifies a delayed effect d is filed.	ive date, but not	an effective tim	e, at 12:01 a.m. o	n the earlier of: (b)	The 90th day after
Pated	1	2020	_•		
South C Right	T Signature of a n	nember or author	zed representative	of a member	

Filing Fee: \$25.00 (((H20000110303 3)))