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DATE: 4/23/20

NAME: RENTAL KING REAL ESTATE SERVICES LLC

TYPE OF FILING: AMENDMENT

COST: 25.00

RETURN: PLAIN COPY PLEASE

ACCOUNT: FCA00000015

AUTHORIZATION: ABBIE/PAUL HODGE

COVER LETTER

SUBJECT: Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
ALLAN BIELESZ Name of Person
RENTAL KING REAL ESTATE SERVICES LUC.
9621 SUNKISE LAKES BLUD #101 Address
SUPRISE Z 33322 City/State and Zip Code
HOMES BY ALLAN DAGE. Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Accord BIELER at 954, 793-6768 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount: S25.00 Filing Fee

TO:

Registration Section Division of Corporations

Mailing Address:
Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

RENTAL KING REAL	ESTATE S'ERVICES LLC
	Jability Company as it now appears on our records.) Torida Limited Liability Company)
The Articles of Organization for this Limited Liabilifornida document number <u>L200010</u>	lity Company were filed on 4/13/2020 and assigned 2321
This amendment is submitted to amend the following	ng:
A. If amending name, enter the new name of the	e limited liability company here:
The new name must be distinguishable and contain the words	"Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable	::
(Principal office address MUST BE A STREET A	DDRESS)
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BO)	<u> </u>
	2)20
B. If amending the registered agent and/or regis	tered office address on our records, enter the name of themew registered ere:
	ω
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address 1. 60
_	, Florida

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 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 Title Name Address **Type of Action** ALLAN BIELER 9621 SUNLISE LAVES BLED #101 Sur RISE FL 38372 DRemove MOR CHARLES D. MEDIATE 7811 ASHLEY CIRCLE BUADENTON FL 34201 | Remove ____ Change □Remove _____ □Remove _____ Change bbA□

	
	
-	
Fffective	date if other than the date of filing:
Note: 11 ti	date, if other than the date of filing:
e record sp rd is filed.	secifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
	APRIC 23, 2020
Dated	
Dated	
Dated	Signature of a member or authorized representative of a member

Filing Fee: \$25.00