L20000143646

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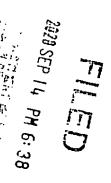


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OCT 23 2020 S. YOUNG



COVER LETTER

TO: Registration Division of C			
	O LEASE & SALES LLC		•
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles	of Amendment and fee(s) are sub	mitted for filing.	
Please return all corres	spondence concerning this matter	to the following:	
	Juan Carlos Oyola		
		Name of Person	
	RC Furnished Renovation	CLLC	
		Firm/Company	
	1097 NW 82nd Ter		
	-	Address	
	Coral Springs, FL 33071		
		City/State and Zip Code	
	RC Furnished Rc E-mail address: (enovations @gmail.com	N fication)
For further informatio	n concerning this matter, please c	all:	
Juan Carlos Oyola		954 295-8541 at ()	
Nam	e of Person		e Telephone Number
Enclosed is a check fo	r the following amount:		
□ \$25.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
P.O. Box 6	n Section Corporations	Street Address: Registration Se Division of Cor The Centre of T 2415 N. Monro Tallahassee, FL	porations 'allahassee e Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	Or	<u>@</u> 2
IZ ALEROA LEAGE O CALECALZ		SEP T
JC AUTO LEASE & SALES LLC		<u> </u>
(<u>Name of the Limited Li</u> (A F)	ability Company as it now appears on our records.) orida Limited Liability Company)	
· ·		英国第二 [17]
The Articles of Organization for this Limited Liabili	ty Company were filed on 09/08/2020	and assigned
Florida document number 1.20000143646	 -	ين الله
This amendment is submitted to amend the followin	ត្:	; ,
A. If amending name, enter the new name of the	limited liability company here:	
RC Furnished Renovations LLC		
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 BOX	<u> </u>	
B. If amending the registered agent and/or registered	tered office address on our records, enter the	name of the new registered
agent and/or the new registered office address he		
Name of New Registered Agent:	···· ·	
New Registered Office Address:		
	Enter Florida street address	
	, Florie	da
_	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
			□Add
			□Remove
			Change
			□Add
			□ Remove
			□Change
			🗆 Add
			□Remove
			□Change
			□Add
			□Remove
			Change
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		•	□Change
	1-8-1-1		□Add
			□Remove
			□Change

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in effective date is listed, the date ote: If the date inserted in thi	the date of filing: must be specific and cannot be pric s block does not meet the appl e Department of State's record	or to date of filing or more icable statutory filing ((optional) e than 90 days after filing.) requirements, this date	Pursuant to 605.0207 (will not be listed as t
ecord specifies a delayed effe is filed.	ctive date, but not an effective	time, at 12:01 a.m. on	the earlier of: (b) The	90th day after the
09/08 ated	2020			
		·		
The state of the s				
11/-	Signature of a member or aut	horized representative of	a member	