

L20000144451

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

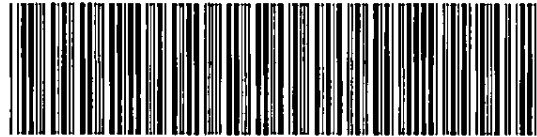
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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10/05/20--01022--023 **25.00

FILED
2020 OCT -5 PM 4:03
CLERK OF STATE
TALLAHASSEE, FL

TO: Registration Section
Division of Corporations

SUBJECT: ENDREMY & RENTMST LLC

_____ N. & _____ E. _____

The enclosed Articles of Amendment and fees are submitted for filing

Please return all correspondence concerning this matter to the following

DE ANNA NIWMAN

Name of Person

Title/Company

~~701 Avenue H, #7~~ 935 Barefoot Blvd. #7

Address

Barefoot Bay, FL 32906

City/State and Zip Code

ambv@lls.com

E-mail address (not to be used for filing annual report confirmation)

For further information concerning this matter, please call

Dawn B. Biehl

Name of Person

772 509-0088

Area Code Phone Number

Enclosed is a check for the following amount:

☐ \$25.00 Filing Fee

\$30.00 Filing Fee &
Certificate of Status

\$55.00 Filing Fee &
Certified Copy
(additional copies add \$5.00)

\$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copies add \$5.00)

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

.....
TO
ARTICLES OF ORGANIZATION
OF

TND REALTY & 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 5/17/20 and assigned
Florida document number 120000144451

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

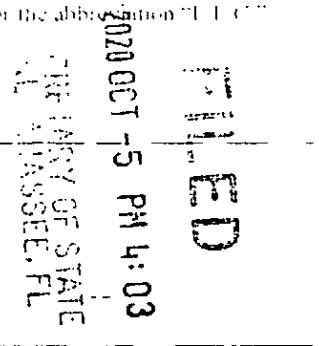
The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(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

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

or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Ornella Angelone	709 Washington St	Add
		Sebastian, FL 32958	Remove
			Change
			Add
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TALLAHASSEE, FL

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MANASSA, FL

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U.S. DEPT. OF STATE
WASHINGTON, D.C.

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated X Sept 17 2020

X _____

Signature of a member or authorized representative of a member

Deanne Newman

Deanna Newman
Typed or printed name of signer