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S. YOUNG

COVER LETTER

Registration Section Division of Corporations

TO:

	use Rental, LLC		
SUBJECT:	Name of Lim	ited Liability Company	·
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Brenda L. Wolfe		
		Name of Person	
		Firm/Company	
	5101 Highway 4		
		Address	
	Jay, FL 32565		
		City/State and Zip Code	· · · · · · · · · · · · · · · · · · ·
	swolfe@panhandle.rr.com		
	E-mail address: (to be used for future annual report not	ification)
For further information of	oncerning this matter, please c	all:	
Brenda Wolfe		850 791-5753	
Name o	f Person	Area Code Daytin	ne Telephone Number
Enclosed is a check for the	ne following amount:		
\$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address Registration		<u>Street Address:</u> Registration Se	ection
Division of C	Corporations	Division of Co	rporations
P.O. Box 632 Tallahassee,		The Centre of	Tallahassee oe Street, Suite 810
i aitanassee,	L L J L J L T	2412 IN. IVIOIRO	oc oucci, outil 610

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SB Farmhouse Rental, LLC		ords.)
(Name of the Limited Liabil (A Florid	lity Company as it now appears on our reco la Limited Liability Company)	ords.)
The Articles of Organization for this Limited Liability (Florida document number L20000161034	Company were filed on 6/11/2020	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	nited liability company here:	
The new name must be distinguishable and contain the words "Lin	mited Liability Company," the designation "L	LC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADD	RESS)	
		·
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		····
B. If amending the registered agent and/or registere agent and/or the new registered office address here:		er the name of the new registere
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street add	
,	City.	Florida Zin 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
AMBR	Stephen G. Wolfe	5101 Highway 4, Jay, FL 32565	
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			Change
		 	□Add
			Remove
			□ Change
			□Remove
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