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(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
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(Document Number)
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COVER LETTER

Registration Section

Tallahassee, FL 32314

TO:

Div	ision of Cor	porations		
OUD IE CT	RGR REN	TAL GROUP LLC		
SUBJECT:		Name of Lim	ited Liability Company	
The enclosed	l Articles of	Amendment and fee(s) are sub	mitted for filing	
			•	
Please return	all correspo	ondence concerning this matter	to the following:	
		Ross G Lavin		
			Name of Person	
		Law Office of Ross G Lav	in	
			Firm/Company	
		PO Box 51		
			Address	
		Burnet, Texas 78611		
			City/State and Zip Code	
		rl@rosslavinlaw.com		
		E-mail address: (to be used for future annual report no	etification)
For further in	nformation c	oncerning this matter, please co	all:	
Ross G Lavi	in		512 913-3702	
	Name o	f Person	at () Area Code Dayti	me Telephone Number
Enclosed is a	check for th	ne following amount:		
■ \$25.00 F	filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	iling Addres gistration S		Street Address: Registration S	ection
	_	orporations	Division of Co	
	D. Box 632		The Centre of	

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Lim	ited Liability Campa	inv as it now annears	on our records)	
(Name of the Linn)	(A Florida Limited	ny as it now appears Liability Company)	on our records.	
The Articles of Organization for this Limited L Florida document number L20000206834	Liability Company	were filed on	7/16/2020	and assigned
his amendment is submitted to amend the fol	lowing:			
A. If amending name, enter the new name of	of the limited liah	ility company her	<u>re</u> :	
he new name must be distinguishable and contain the	words "Limited Liabi	lity Company." the de	signation "LLC" or the al	obreviation "L.L.C."
Enter new principal offices address, if appli	cable:	179 Tom Kite		
Principal office address MUST BE A STREE		Burnet, TX 7861	1	
				~~~~~
Enter new mailing address, if applicable:		PO Box 51		·**
Mailing address MAY BE A POST OFFICE	BOX)	Burnet, TX 7861	1	.,
			-	70.
				က် 
B. If amending the registered agent and/or		address on our re	cords, <u>enter the nan</u>	ne of the new regist
agent and/or the new registered office addre	ess here:			. 0
Name of New Registered Agent:	Lee Brown			
New Registered Office Address:	3685 Dunes Ro	oad		
		Enter Florid	da street address	
	Palm Beach Ga	ardens	, Florida ³³	3410
	· · ·	City	,	Zip Code

## New Registered Agent's Signature, if changing Registered Agent:

DCD DENITAL CDOUDLIC

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 = M	anager uthorized Member		
<u>Title</u>	Name	Address	Type of Action
			□Add
			□Remove
			□ Add
			□Remove
			[] Change
			□ Add
		<u> </u>	□ Remove
			Change
			□Add
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			□Remove

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lfan effec <u>Note:</u> If	e date, if other than the date of filing:
e record : rd is filed	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
A Dated _	ugust 20 , 2024 , 2024
	Signature of a member or authorized representative of a member
	Ross G Lavin, Manager
	Typed or printed name of signec

Filing Fee: \$25.00

# **COVER LETTER**

TO: Registratio Division of	n Section Corporations		
RGR R SUBJECT:	ENTAL GROUP LLC		
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Article	s of Amendment and fee(s) are sub	omitted for filing.	
Please return all corr	espondence concerning this matter	to the following:	
	Ross G Lavin		
		Name of Person	
	Law Office of Ross G Lav	vin	
		Firm/Company	
	PO Box 51		
		Address	
	Burnet, Texas 78611		
	rl@rosslavinlaw.com	City/State and Zip Code	
		to be used for future annual report notifica	ition)
For further information	on concerning this matter, please o	all:	
Ross G Lavin		512 913-3702	
Nar	ne of Person		elephone Number
Enclosed is a check f	or the following amount:		
■ \$25.00 Filing Fee	e S30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
P.O. Box 6	on Section f Corporations	Street Address: Registration Section Division of Corpo The Centre of Tall 2415 N. Monroe S Tallahassee, FL 32	rations lahassee street, Suite 810

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

RGR RENTAL GROUP LLC				•
(Name of the Limi	ted Liability Compa (A Florida Limited)	ny as it now appears Liability Company)	on our records.)	
the Articles of Organization for this Limited I lorida document number L20000206834	iability Company	were filed on	7/16/2020	and assigned
his amendment is submitted to amend the foll	owing:			
a. If amending name, enter the new name o	of the limited liab	ility company her	<u>e</u> :	
he new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the des	ignation "LLC" or the a	bbreviation "L.L.C."
inter new principal offices address, if applic	cable:	179 Tom Kite		
Principal office address MUST BE A STREET ADDRESS)		Burnet, TX 78611		
Enter new mailing address, if applicable:  Mailing address MAY BE A POST OFFICE BOX)		PO Box 51  Burnet, TX 78611		
. If amending the registered agent and/or		address on our rec	ords, enter the nan	ne of the new regis
gent and/or the new registered office addre	ss here:			
Name of New Registered Agent:	Lee Brown			
New Registered Office Address:	3685 Dunes Ro	oad		
		Enter Florid	a street address	
	Palm Beach Ga	ardens	, Florida	3410
		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 =	<b>Authorized Member</b>

<u>Title</u>	Name	Address	Type of Action
			□Add
			□Remove
			□Change
			□ Add
		<del></del>	Change
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effective date is liste te: If the date inser	er than the date of filing d, the date must be specific and ted in this block does not n late on the Department of S	cannot be prior to oneet the applicable	late of filing or more the statutory filing req	(optiona an 90 days after filin uirements, this dat	g.) Pursuant to 605.020
cord specifies a del s filed.	ayed effective date, but not	an effective time	, at 12:01 a.m. on the	e earlier of: (b)	he 90th day after the
August 20	<del></del> -	2024			
		16	n 1 a	_	
	Signature of a	nember or authorize	ed representative of a r	nember	·

Filing Fee: \$25.00