

k20 000 219566

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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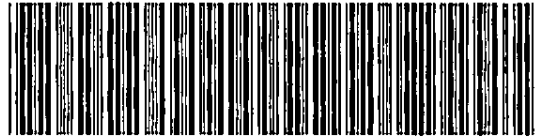
(Business Entity Name)

(Document Number)

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2022 AUG 23 PM 3:16

SECRETARY OF STATE
TALLAHASSEE, FL

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: PROPERTY RENTAL OF FORT PIERCE LLC

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:

GERARDO MARTINEZ

Name of Person

AMIGO ACCOUNTING & TAX SERVICE LLC

Firm/Company

PO BOX 690365

Address

VERO BEACH FL 32969

City/State and Zip Code

martinezvero@bellsouth.net

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

GERARDO MARTINEZ

772

473-3459

at (_____) _____

Name of Person

Area Code

Daytime Telephone 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 copy is enclosed)

☐ \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

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**

PROPERTY RENTAL OF FORT PIERCE 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 07/24/2020 and assigned
Florida document number L20000219566.

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)

3171 SW COLLINGS DR

PORT ST LUCIE FL 34953

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

3171 SW COLLINGS DRIVE

PORT ST LUCIE FL 34953

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:

LUIS RODRIGUEZ

New Registered Office Address:

3171 SW COLLINGS DRIVE

Enter Florida street address

PORT ST LUCIE

Florida 34953

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.

Luis Rodriguez
If Changing Registered Agent, Signature of New Registered Agent

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2022 AUG 23 PM 3:16
SECRETARY OF STATE
TALLAHASSEE, FL

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>	<u>Address</u>	<u>Type of Action</u>
MGR	RENE RODRIGUEZ	669 HOWARD STREET	<input type="checkbox"/> Add
		FORT PIERCE FL 34982	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	LUIS RODRIGUEZ	3171 SW COLLINGS DRIVE	<input checked="" type="checkbox"/> Add
		PORT ST LUCIE FL 34953	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	MIGUEL PINA	6700 SOUTH US # 1	<input checked="" type="checkbox"/> Add
		PORT ST LUCIE FL 34952	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	CARLOS RODRIGUEZ	426 SE CORK ROAD	<input checked="" type="checkbox"/> Add
		PORT ST LUCIE FL 34984	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

[illegible]

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

If the record 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 record is filed.

Signature of a member or authorized representative of a member

Typed or printed name of signee