LZ0000250348

(Requestor's Name)	
(Address)	50035749
(Address)	300337 439
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	01/11/2101013-
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	





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FILED 2021 JAN 11 PH 3: 1,2

2/16/21

COVER LETTER

Itec Rentals SUBJECT:	s LLC	•				
3000tx.1.	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:				
	Robert Ross					
		Name of Person				
	Itec Rentals LLC					
		Firm/Company				
	4037 Skyway drive Address					
	Naples, FL 34112					
	City/State and Zip Code					
	bobross1964@gmail.com					
		to be used for future annual report notif	ication)			
For further information c	oncerning this matter, please c	all:				
Robert Ross		917 6704482 at ()				
Name o	f Person	at () Area Code Daytime	: Telephone Number			
Enclosed is a check for the	he 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 Davistration 6	i <u>s:</u>	Street Address:				

Registration Section
Division of Corporations
P.O. Box 6327

Tallahassee. FL 32314

Registration Section Division of Corporations

TO:

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

Itec 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 August 17,2020 and assigned Florida document number L20000250348 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 "LLC." 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

sew Registered Agent's Signature, if changing Registered Agent:

hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the rovisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and ccept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is eing filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability ompany 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	Robert Smith	38 Hyer Ct., Matawan, NJ 07747	■Add
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			□Change
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ffective date, if other than the can effective date is listed, the date must tote: If the date inserted in this blo ocument's effective date on the De	ck does not meet the	applicable statu	iling or more than 9 tory filing require	(optional)  Days after filing.) Prents, this date w	ursuant to 605.02 ill not be listed a
record specifies a delayed effective is filed.	date, but not an effe	ective time, at 12:	01 a.m. on the ear	lier of: (b) The (	10th day after th
January 05	2021	I			
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Filing Fee: \$25.00