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COVER LETTER

Div	ision of Cor	porations			
CUD INCT.		DWARDS RENTERS, LLC			
SUBJECT:		Name of Lim	ited Liability Company		
The encloses	d Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return	ı all correspo	endence concerning this matter	to the following:		
		Shantay L Sharpe			
		·	Name of Person		
		SHARPE EDWARDS RE	NTERS, LLC		
			Firm/Company		
		1205 Peri Street			
			Address		
		Opa-Locka, Florida 33054			
			City/State and Zip Code		
		sharpe.edwardsllc@gmail.c	om to be used for future annual	ranget natification)	
For further i	nformation c	oncerning this matter, please co		тероп поппеаноп	
Shantay L S	Shapre		305 33 at ()	12008	
	Name o	f Person	Area Code	Daytime Telepho	one Number
Enclosed is	a check for th	ne following amount:			
■ \$25.00 l	Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee Certified Copy (additional copy is en		\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

TO:

Registration Section

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

SHARPE EDWARDS RENTERS, 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 February 1, 2021 and assigned Florida document number L21000057063 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

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.

City

_, Florida ___

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>	Type of Action
MGR	Shantay L Sharpe	1205 Peri Street; Opa-Locka, FL 33054	= Add
			□Remove
			□ Change
AMBR -	Shantay L Sharpe	1205 Peri Street; Opa-Locka, FL 33054	= Add
			□Remove
			□ Change
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			□Remove
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an effi ot <mark>e:</mark>	ve date, if other than the date of filing:	05.0201 sted as
recore	I specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day af ed.	ter the
ated	Short Scharce Signature of a member of authorized representative of a member	
	Signature of a member of authorized representative of a member	
	Shantay L Sharpe	

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