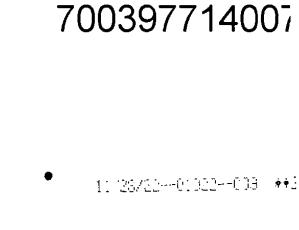
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(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
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(Do	cument Number)	
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Certified Copies	Certificates	s of Status
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Special Instructions to	Filing Officer:	

Office Use Only



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MENANCE STATE

COVER LETTER

TO: Registration S Division of Co	ection rporations		
	ST. RENTAL LLC		·
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles of	f Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	DAVID SEARCY MCGE	HEE JR.	
		Name of Person	
		Firm/Company	<u> </u>
	220 PONTE VEDRA PAI	RK DR. SUITE, 200	
	-	Address	
	PONTE VEDRA BEACH	, FL. 32082	206
		City/State and Zip Code	
	DAVID.MCGEHEEJR@O		
	E-mail address; (to be used for future annual report notification	
For further information	concerning this matter, please c	all:	
DAVID MCGEHEE JR		904 483 - 6595 at ()	(i)er - 17 -
Name o	of Person	Area Code Daytime Telepl	hone Number 773
Enclosed is a check for a	the following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & ☐ Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
<u>Mailing Addre</u> Registration		Street Address:	
Division of C		Registration Section Division of Corporati	ons
P.O. Box 63.	•	The Centre of Tallah	
Tallahassee,	FL 32314	2415 N. Monroe Stree	et. Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

216 68th St. B	Ental LLC uny as it now appears on our records.)		
(A Florida Limited	Liability Company)		
The Articles of Organization for this Limited Liability Company	were filed on	and as	
Florida document number <u>LZ 1000 212 853</u>			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liah	oility company here:		
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the a	bbreviation "L.	
Enter new principal offices address, if applicable:	220 PONTE VEDRA PARK DR.		
(Principal office address MUST BE A STREET ADDRESS)	SUITE, 200		
	PONTE VEDRA BEACH, FL. 32082		
Enter new mailing address, if applicable:	220 PONTE VEDRA PARK DR.	2021	
(Mailing address MAY BE A POST OFFICE BOX)	SUITE. 200	话程	
	PONTE VEDRA BEACH, FL. 32082	200	
		3	
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the nan	ne of the new	
agent and/or the new registered office address here.			
Name of New Registered Agent:		·	
New Registered Office Address:	Enter Florida street address		
	, Florida		
	Сиу	Zip Code	
New Registered Agent's Signature, if changing Registered Agent:	:		
I hereby accept the appointment as registered agent and agr			
provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as			
being filed to merely reflect a change in the registered office	·	•	

If Changing Registered Agent, Signature of New Registered Agent

company has been notified in writing of this change.

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type o
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			□Add
			□Rem
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fective date, if other than the date of filing: n effective date is listed, the date must be specific and cannot be pr	(optional) rior to date of filing or more than 90 days after filing.) Pursuant to
ote: If the date inserted in this block does not meet the appearment's effective date on the Department of State's recor	blicable statutory filing requirements, this date will not be
ecord specifies a delayed effective date, but not an effective is filed.	e time, at 12:01 a.m. on the earlier of: (b) The 90th day
ted November 23 ZOZ	<u>z_</u> .
Signature of a member or ac	uthorized representative of a member

Filing Fee: \$25.00