## L21000 237271

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## **COVER LETTER**

TO: Registration Se Division of Cor				
E&J RENT	ALS & ADVERTISEMENTS	"L.LC"		
SUBJECT:	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:		
	ENRICO LAURETTA			
		Name of Person	**************************************	
	SUNRISE SLINGSHOTS			
		Firm/Company		
	5971 W HALLENDALE F	BEACH BLVD		
		Address		
	WEST PARK FLORIDA			
		City/State and Zip Code	<del></del> -	
	E-mail address: (	MAIL.COM to be used for future annual report notil	tication)	
For further information c	oncerning this matter, please c	·		
ENRICO LAURETTA		631 7966728		
Name of Person		at () Area Code Daytime	e Telephone Number	
Enclosed is a check for t	he following amount:			
		S55.00 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	Street Address: Registration Sec		
Division of Corporations P.O. Box 6327		Division of Corporations The Centre of Tallahassee		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

E&J RENTALS & ADVERTISEM			
(Name of the Limit	ed Liability Comp: (A Florida Limited	any as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Li		were filed on 05/21/2021	and assigned
lorida document number L2100237271			
This amendment is submitted to amend the follo	owing:		
A. If amending name, enter the new name of	the limited liab	oility company here:	
N/A			
The new name must be distinguishable and contain the w	ords "Limited Liab	ility Company," the designation "LLC" or the abbr	eviation "L.L.C."
Enter new principal offices address, if applic	able:	N/A	
<u>Principal office address MUST BE A STREE</u>	T ADDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)		N/A	
B. If amending the registered agent and/or r igent and/or the new registered office addre	egistered office ss here:	address on our records, enter the name	of the new regist
Name of New Registered Agent:	SUNRISE SL	INGSHOTS	
New Registered Office Address:	MA		6
	— <b>,</b> ——	Enter Florida street address	7. 0
		, Florida	12)
		Cuy	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:

<u>Title</u>	Name	Address	Type of Action
			□ Add
			□Remove
			□Change
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ective date, if other than t effective date is listed, the date r te: If the date inserted in this	nust be specific	ic and cannot be pr	ior to date of filin	g or more than 90	(optional) days after filing	.) Pursuant to 60	5.020 ted :
ument's effective date on the							'
cord specifies a delayed effec s filed.	tive date, but	t not an effective	e time, at 12:01	a.m. on the ear	lier of: (b) TI	ne 90th day afte	er th
		2021	·				
eded							
ed JULY 14	7	1_	_			;;;	

Filing Fee: \$25.00