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(Requestor's Name)
(Address)	
(Address)	
(City/State/Zip/Phor	ne #)
PICK-UP WAIT	MAIL
(Business Entity Na	me)
(Document Number	·)
Certified Copies Certificate	es of Status
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COVER LETTER

TO: Registration Sc Division of Cor				
	FUNRENTALS LLC			
SUBJECT:	Name of Lin	nited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub-	omitted for filing.		
	indence concerning this matter			
	DAVID E TRUTSCHEL			
		Name of Person		20
			<u> </u>	2021 JUN 28
		Firm/Company		UN 2
	639 N GRANDVIEW AV	/E	ASS.	. co
		Address	<u>က</u> လ ယူလ	PH 3: 1:
	DAYTONA BEACH, FL	32118	FL	: 12
		City/State and Zip Code		
	DAYTONAFUNRENTAL	@GMAIL.COM to be used for future annual report not	fication)	
For further information c	oncerning this matter, please c		,	
DAVID E TRUTSCHEL		386 366-0510		
Name o	f Person	at () Area Code Daytin	ne Telephone Number	_
Enclosed is a check for the	ne 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 For Certificate of S Certified Copy (additional copy is	tatus &
Mailing Addres Registration S		<u>Street Address:</u> Registration Se	ction	
Division of C	Corporations	Division of Cor The Centre of T	rporations	
P.O. Box 632 Tallahassee, l			e Street, Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

inv as it now appears on our record Liability Company)	<u>s.</u>)
were filed on 06/10/2021	and assigned
oility company here:	
lity Company," the designation "LLC	" or the abbreviation "L.L.C."
	7021 JU
	28
	PH 3:1
	[1] [2]
address on our records, <u>enter</u>	the name of the new register
Enter Florida street addres:	<i>s</i>
121.	arida
City . F10	orida Zip Code
,	were filed on 06/10/2021 bility company here: dity Company," the designation "LLC address on our records, enter Enter Florida street address Flo

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 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
MGR	DAVID E TRUTSCHEL	175 DAYTONA AVE	= Add
		HOLLY HILL FL 32117-5036	□Remove
			□Change
			□ Add
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•							177	
								
ote: If the date	if other than the is listed, the date must inserted in this bloative date on the De	ock does not m	nect the applic	able statutory	or more than 9 filing require	option (option) days after the ments, this	nal) iling.) Pursuant to date will not be	605,0207 (listed as t
	a delayed effective	date, but not	an effective ti	me, at 12:01 :	i.m. on the ea	rlier of: (b)	The 90th day	after the
ecord specifies is filed.								
	<u></u>	———·	2021	 7				
is filed.	(1,1)	Signature of a-m	1	orized renresen	tative of a mem	ber		-

Filing Fee: \$25.00