121000311233

(Requestor's Name)
(Address)
(Address)
(Addiess)
(City/State/Zip/Phone #)
☐ PICK-UP ☐ WAIT ☐ MAIL
(Business Entity Name)
(E
(Document Number)
Certified Copies Certificates of Status
Consideration to Filip Officer
Special Instructions to Filing Officer:

Office Use Only



200369814522

07/15/21--01023--003 **25.00

2021 JUL 15 PH 3: 14
SECRETARY OF STATE
TALLAHASSEF



COVER LETTER

Registration Section

Division of Corporations

Tallahassee, FL 32314

TO:

T1 0	2 25.1- 1 60.8	1+6	
SUBJECT: TCOP	RENT-A-CNR Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Judith	ARON SON Name of Person	
	USLAT	AM CORPORATE S	SERVICES LLC
	218 SE	14th St. Apt.	
		FL 33131 City/State and Zip Code	PH 3: 14 DEE.FL
	ja (Or) E-mail address: (ISON (Wlatarnen US to be used for future annual report noti	G. COVY
For further information c	oncerning this matter, please ca	all:	
Judith Name o	ALONSON Person	at (954) 73 6 Area Code Daytim	6543 e 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)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres	Section	Street Address: Registration Se	
Division of C P.O. Box 632	•	Division of Cor The Centre of T	•

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

on our records.)
27/07/2021 and assigned
<u>e</u> :
signation "LLC" or the abbreviation "L.L.C."
7E 21
>₹ σ
SEES D
3: U
<u>m</u> f
cords, enter the name of the new register
da street address
, Florida
Zip Code

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:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□ Remove
			□Change
	· · · · · · · · · · · · · · · · · · ·		🗀 Add
			🖂 Remove
		***************************************	🗀 Change
			2021 JUL 1 SECRETA TALLAH
			AHAR SEE 3: Change
			☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐
			□Remove
			□Change
			□Add
			□ Remove
			Change
·			□ Add
			□Remove
			□ Change

			<u> </u>				
							<u>.</u>
						•	
					 -		
							-8-18-
					.		
						20	
	····				200 200 200 200 200 200 200 200 200 200	021 J	
					TAF	<u></u>	
		••			3SSE ASSE	نا	
					ESS.	<u> </u>	
 -					77	မှ	
					тi	t -	
	<u> </u>						
	 		•				
ffective date, if other than the an effective date is listed, the date must ote: If the date inserted in this bloocument's effective date on the De	be specific and ock does not m	cannot be prior eet the applica	to date of filing o able statutory fi	r more than 90 c		ling.) Pu	
record specifies a delayed effective is filed.	e date, but not	an effective ti	me, at 12:01 a.i	m. on the earli	er of: (b)	The 90	Oth day after the
, lite in the		202	<u>l</u> .				
ated JUIY 10 -		. / /					
ated July 12th	The	enf.					