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(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
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(Document Number)
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TO:

Registration Section

Tallahassee, FL 32314

Division of Co	orporations		
RentSense	: LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	f Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	oondence concerning this matter	to the following:	
	David E French		
		Name of Person	
	RentSense LLC		
	-	Firm/Company	
	1313 W Boynton Beach B	lvd ste 1b400	
		Address	
	Boynton Beach, Fl. 33426		
		City/State and Zip Code	
	David@rentsense.us		
		to be used for future annual report not	ification)
For further information	concerning this matter, please c	all:	
David French		561 7063311	
Name	of Person	at () Area Code Daytin	ne Telephone Number
Enclosed is a check for	the 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 Addro		Street Address: Registration Se	ection
Registration Section Division of Corporations		Division of Co	
P.O. Box 6327		The Centre of Tallahassee	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Liability Company as it now appears on our record Florida Limited Liability Company)	<u>ds.</u>)
ility Company were filed on 7/19/2021	and assigned
ng:	
e limited liability company here:	
	÷ .
s "Limited Liability Company," the designation "LLC	2" or the abbreviation "LLL.C."
e:	U
ADDRESS)	
<u> </u>	
stered office address on our records, <u>enter</u>	the name of the new registe
<u>ere</u> :	
	
Enter Florida street addres	98
, F1	orida Zip Code
	ility Company were filed on 7/19/2021 ing: the limited liability company here: s "Limited Liability Company," the designation "LLC" the: ### ADDRESS Stered office address on our records, enterprise in the enterprise in th

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	William Wilmot	210 N University Dr STE 200	■Add
		Coral Springs, Fl 33071	□Remove
•			□Change
			Remove
			□Change
			Add
			□Remove
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	2/13/2022			
ective date, if other than the n effective date is listed, the date mus	t be specific and cannot be prior to d	ate of filing or more than 90 da	, (optional) lys after filing.) Pursuant to 605	.020
ite: If the date inserted in this ble cument's effective date on the D		e statutory filing requiremen	nts, this date will not be liste	ed as
	•			
ecord specifies a delayed effectiv	e date, but not an effective time,	at 12:01 a.m. on the earlier	r of: (b) The 90th day after	r the
is filed.				
	2022			
February 13				
ted February 13	··			
ted February 13	F Minuelia Signature of a member or authorize			

Filing Fee: \$25.00