

L21000327293

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

(Business Entity Name)

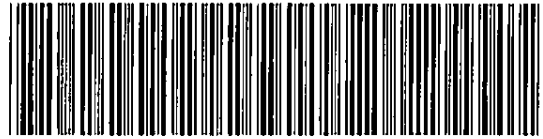
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TALLAHASSEE, FL

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: RENTSENSE LLC

State of Limited Liability Company

The enclosed Articles of Amendment and Fees are submitted for filing.

Please return all correspondence concerning this matter to the following:

DAVID FRENCH

Name of Person

RENTSENSE LLC

Firm/Company

1313 W. BOYNTON BEACH BLVD STE 1B400

Address

BOYNTON BEACH, FL 33426

City, State and Zip Code

TRISHA HENBROOK

E-mail address (to be used for future annual report notification)

For further information concerning this matter, please call

TRISHA HENBROOK

561 810 7340

Name of Person

Area Code

Daytime Telephone Number

Enclosed is check for the total filing amount:

☒ \$25.00 Filing Fee

☐ \$0.00 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 Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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TALLAHASSEE, FL

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**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

TO: STATE OF FLORIDA

Name of the Limited Liability Company, as it now appears on our records, _____
(If Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 12-17-2023 and assigned
Florida document number 42400032-293

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable: _____

(Principal office address MUST BE A STREET ADDRESS) _____

Enter new mailing address, if applicable: _____

(Mailing address MAY BE A POST OFFICE BOX) _____

**B. If amending the registered agent and/or registered office address on our records, enter the name of the registered
agent and/or the new registered office address here:**

Name of New Registered Agent _____

New Registered Office Address _____

Enter Florida street address

_____, Florida _____
City 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 recommending 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>	<u>Address</u>	<u>Type of Action</u>
MGR	WILLIAM WU MOI	1314 W BOYNTON BEACH BLVD STE 1B400	☐ Add
		BOYNTON BEACH, FL 33426	☒ Remove
			☐ Change
MGR	TRISHA HENRICK	1314 W BOYNTON BEACH BLVD STE 1B400	☒ Add
		BOYNTON BEACH, FL 33426	☐ Remove
			☐ Change
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TALLAHASSEE, FL

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Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated DECEMBER 17

2023

Paul French

Signature of a member or authorized representative of a member

DAVID R. NELSON

Typed or printed name of signer

Filing Fee: \$25.00