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COVER LETTER

TO: Registration Section

Division of Cor	porations					
C & D POF	RTABAR RENTALS, LLC					
SUBJECT:	Name of Lin	nited Liability Company				
The enclosed Articles of	DBJECT: C & D PORTABAR RENTALS. LLC Name of Limited Liability Company Re enclosed Articles of Amendment and fee(s) are submitted for filing. Rease return all correspondence concerning this matter to the following: JOHN H. EDEN IV. ESQ. Name of Person EDEN LAW GROUP. P.A. Firm/Company 217 N. APOPKA AVE. Address INVERNESS. Fl. 34450 City/State and Zip Code cherigrunst@yahoo.com E-mail address: (to be used for future annual report notification) r further information concerning this matter, please call: HIN H. EDEN IV. ESQ. Name of Person At (Area Code Area Code Daytime Telephone Number closed is a check for the following amount: (S \$25.00 Filing Fee Certificate of Status Certificate Copy (additional copy is enclosed) Mailing Address: Registration Section Street Address: Registration Section					
Please return all correspo	ondence concerning this matter	to the following:				
	JOHN H. EDEN IV. ESQ.					
	Name of Limited Liability Company d Articles of Amendment and fee(s) are submitted for filing. n all correspondence concerning this matter to the following: JOHN H. EDEN IV. ESQ. Name of Person EDEN LAW GROUP. P.A. Firm/Company 217 N. APOPKA AVE. Address INVERNESS. FL 34450 City/State and Zip Code cherigrunst@yahoo.com E-mail address: (to be used for future annual report notification) information concerning this matter, please call: DEN IV. ESQ. Name of Person a check for the following amount: Filing Fee Certificate of Status Certificate Copy (additional copy is enclosed) Certificate of Status & Certificed Copy (additional copy is enclosed) Certificed Copy (Certificed Copy) Certificed Copy (Certificed Copy) Certificed Copy (Certificed Copy) (Certified Copy) (Certified Copy) (Certified Copy) (Certified Copy) (Certified Copy) (Certified Copy)					
	EDEN LAW GROUP, P.A	1 .				
		Firm/Company				
	217 N. APOPKA AVE.					
		Address				
	INVERNESS, FL 34450					
	JOHN H. EDEN IV. ESQ. Name of Person					
		to be used for future annual report no	tification)			
For further information e	oncerning this matter, please c	all:				
JOHN H. EDEN IV, ESQ.		352 726-1224 at ()				
Name o	f Person	Area Code Daytii	me Telephone Number			
	~					
\$ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	outlined copy	Certified Copy			
			ection			
Division of Corporations		Division of Co	Division of Corporations			
P.O. Box 6327 Tallahassee, FL 32314			The Centre of Tallahassee 2415 N. Monroe Street, Suite 810			

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

C & D PORTABAR RENTALS, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on 7/19/21 and assigned Florida document number L21000328415 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 new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address , Florida

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.

City

. 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 ARTHURS	7221 E. OAK ISLE DR.	□Add
		INVERNESS, FL 34450	⊠Remove
			Change
<u>.</u>			□Add
		<u> </u>	□ Remove
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e record specifierd is filed.	es a delayed effective d	late, but not an effe	ctive time, at 12:0	1 a.m. on the earli	er of: (b) The 90	th day after the
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Filing Fee: \$25.00