L21 000343489

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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COVER LETTER

то:	Registration Sc Division of Cor		•			
enn na	NEWHOUS	SES4RENT LLC				
SUBJEC	LI:	Name of Lim	<u></u>			
The encl	losed Articles of .	Amendment and fee(s) are sub	mitted for filing.			
Please re	eturn all correspo	ndence concerning this matter	to the following:			
		WAGNER NOLASCO				
			Name of Person			
		NEWHOUSES4RENT LL	C			
			Firm/Company			
	•	16300 COUNTY ROAD 4	55 APT 516			
		Address				
		MONTVERDE, FL 34756				
						
	ADM@B2RDIRECT.COM E-mail address: (to be used for future annual report notification)					
For furth	her information c	oncerning this matter, please c				
WAGN	ER NOLASCO		305 684-2222 at ()			
	Name o	f Person	Area Code Daytin	ne Telephone Number		
Enclosed	d is a check for th	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 Registration S		<u>Street Address:</u> Registration Se	ection		
	Division of C		Division of Co			

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

NEWHOUSES4RENT LLC		
(Name of the Limited (A	Liability Compa Florida Limited I	ny as it now appears on our records.) Diability Company)
The Articles of Organization for this Limited Liab Florida document number $\frac{L21000343489}{L21000343489}$		were filed on 07/29/2021 and assigned
his amendment is submitted to amend the followi	ing:	
a. If amending name, enter the new name of th	e limited liab	ility company here:
The new name must be distinguishable and contain the word	ls "Limited Liphil	lity Company," the designation "LLC" or the abbreviation "L.L.C."
ū		7988 VIA DELLAGIO WAY
nter new principal offices address, if applicabl		SUITE 206
<u>Principal office address MUST BE A STREET A</u>	<u>4DDRESS)</u>	ORLANDO, FL 32819
		VICENIDO, 1 E 32017
nter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BO	<u> </u>	
s. If amending the registered agent and/or regi gent and/or the new registered office address h		address on our records, <u>enter the name of the new regi</u>
Name of New Registered Agent:	WAGNER NOI	LASCO
New Registered Office Address:	16300 COUNT	Y ROAD 455 APT 516
		Enter Florida street address
:	MONTVERDE	, Florida 34756

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 familian 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

f Changing Registered Agent, Signature of New Registered Agent

Zip Gode

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>	<u>Address</u>	Type of Action
MGR	SCHOLZ, FREDERICK	16300 COUNTY ROAD 455 APT 516	🗀 Add
		MONTVERDE, FL 34756	■Remove
			□Change
MGR	NOLASCO, WAGNER	16300 COUNTY ROAD 455 APT 516	= Add
		MONTVERDE, FL 34756	□Remove
			□Change
			
			□Remove
			□ Change
			□Add
			□Remove
			□Change
			□Add
		·	Remove
			Change
			□ Add
			□Remove
			□ Change

Effective date, if other than the date of filing: [In an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be histed as to document's effective date on the Department of State's records. The record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the ord is filed. Dated OCTOBER 27 2021 Signature of a member or authorized representative of a member WAGNER NOLASCO			
Effective date, if other than the date of filing: (aptional) If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0007 (Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as a document's effective date on the Department of State's records. The record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the rid is filed. Dated OCTOBER 27 2021 Signifier of a member of authorized representative of a member			
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WAGNER NOLASCO			_
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Filing Fee: \$25.00