## L21000352364

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

TO:

TO: Registration Se Division of Cor			
	Rentals LLC		
SUBJECT:	Name of Lim	ited Liability Company	
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		-	
Please return all correspo	ndence concerning this matter	to the following:	
	Salvador Martinez		
		Name of Person	
	Blue Shark Rentals LLC		
		Firm/Company	
	207 N 19th St		
	<del></del>	Address	<del></del>
	Fort Pierce, FL 34950	Name of Person  Firm/Company  Address  City/State and Zip Code  to be used for future annual report notification)  all:  372 2676707  at (	
	<u> </u>	City/State and Zip Code	<del></del>
	Salmartinez12@gmail.com		7,8
For further information c	n-man address: ( oncerning this matter, please c	·	ilication)
Salvador Martinez	·	772 2676707	
Name o	f Person	at () Area Code Daytin	ne Telephone Number
Enclosed is a check for the	ne following amount:		
□ \$25.00 Filing Fee	■ \$30,00 Filing Fee & Certificate of Status	Certified Copy	Certificate of Status & Certified Copy
Mailing Addres			action
Registration S Division of C		Registration Se Division of Co	
P.O. Box 632	7	The Centre of	Fallahassee
Tallahassee, I	*L 32314	2415 N. Monro	oe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

Blue Shark Rentals LLC

2023 JUL 25 PM 12: 42

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) TALLAHASSEE. FLORIDA The Articles of Organization for this Limited Liability Company were filed on  $\frac{08/05/21}{-}$ and assigned Florida document number <u>L21000352364</u> This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: SM Rentals LLC 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

## 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 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

1.1 (314		
AMBR =	Authorized	Member

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Note: If the date inserted in this h	block does not r	neet the applica	able statutory I	iling requiremen	its, this date wi	Il not be	listed as
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July 20th		2023					
Dated		'	<del></del> '				
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Typed or printed name of signee