

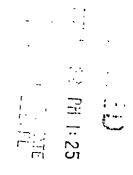
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COVER LETTER

TO:

TO: Registration Se Division of Cor				
	R REALTY L.L.C			
SUBJECT:	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	DANIEL E. GELLIBERT			
		Name of Person		
		Firm/Company		
	15637 SW 53 St			:
		Address	• .	
	Miramar, Florida 33027			 —————————————————————————————————
		City/State and Zip Code		PH 1: 2:
	startupservicesllc@gmail.co	om to be used for future annual report not	(fication)	2
For further information c	oncerning this matter, please ca		mication) p:	ı Oi
DANIEL E. GELLIBER	Т	305 877-0654 at ()	<u> </u>	
Name o	f Person	Area Code Daytii	ne Telephone Number	
Enclosed is a check for th	ne following amount:			
■ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing F Certificate of S Certified Copy (additional copy is	Status &
Mailing Addres Registration S		Street Address: Registration So	ection	
Division of C		Division of Co	rporations	
P.O. Box 632		The Centre of		
Tallahassee, I	FL 32314	2415 N. Monro	be Street, Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

IST ORDER REALTY L.L.C		
(<u>Name of the Limited Liability Com</u> (A Florida Limited	pany as it now appears on our recor I Liability Company)	<u>ds.</u>)
he Articles of Organization for this Limited Liability Compan	y were filed on	and assigned
lorida document number L21000368752		
his amendment is submitted to amend the following:		
If amending name, enter the new name of the limited lia	bility company here:	
ST ORDER RENTALS LLC		
he new name must be distinguishable and contain the words "Limited Lia	bility Company," the designation "LL	C" or the abbreviation "L.L.C."
nter new principal offices address, if applicable:		<u>:</u>
Principal office address MUST BE A STREET ADDRESS)		_
The party of the same of the s		(5)
		70 ::
Market Market Company		
nter new mailing address, if applicable:	<u> </u>	~ ~ ~
Mailing address MAY BE A POST OFFICE BOX)		
. If amending the registered agent and/or registered office gent and/or the new registered office address here:	e address on our records, <u>ente</u>	r the name of the new registo
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addre	258
	, F	lorida
	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 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>	Name	<u>Address</u>	Type of Action
			□Add
			□Remove
			☐ Change
			□Add
		- 	Remove
			Change
			Add
			- Change
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ocument's effective da record specifies a delay I is filed.	red effective date, but no) and &	at 12:01 a.m. on the	J	The 90th	day aft	er the

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Filing Fee: \$25.00