## 121000388651

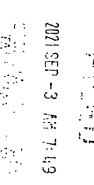
(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	#h
(Cit	yiStateiZipiPhone	#)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nam	e)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	





400372681134

09/03/21--01009--002 \*\*35.00



## **COVER LETTER**

TO: Registration Se Division of Con					
SWFL EV SUBJECT:	Rental, LLC				
	Name of Limi	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:			
	BJ Cottrell				
	<del></del>	Name of Person	<del></del>		
Cottrell Tax & Accounting, LLC					
	Firm/Company				
	5147 Castello Drive				
		Address	<del></del>		
	Naples, FL 34103				
	<del></del>	City/State and Zip Code			
	admin@cottrelltax.com			. • •	2
	E-mail address: (t	o be used for future annual report notification	1)		25
For further information c	oncerning this matter, please ca	ill:		H S	2071 CFP -
BJ Cottrell		239 449-4881 at ()		c	۱ ۳۰ ۱ :
Name o	f Person	Area Code Daytime Telep	hone Number		30 1 1 30
Enclosed is a check for the	he following amount:				رسوا <del></del> ح
S25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Certificate of Certified Cop (additional copy	f Status & - py	

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SWFL EV Rental, LLC

( <u>Name of the Limited Lia</u> (A Flo	bility Company as it now appears on our records.) orida Limited Liability Company)	
The Articles of Organization for this Limited Liability Florida document number L21000388651	y Company were filed on _08/31/2021	and assigned
This amendment is submitted to amend the following		
A. If amending name, enter the new name of the l	imited liability company here:	
The new name must be distinguishable and contain the words "I	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 AD	DRESS)	
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or re	gistered office address on our records, enter	the name of the no
registered agent and/or the new registered office a	ddress here:	
Name of New Registered Agent:		202) s
New Registered Office Address:		
	Enter Florida street address	, co :
	, Florida	7
	City	Zip Codu
New Registered Agent's Signature, if changing Registe		
I hereby accept the appointment as registered age	nt and agree to act in this capacity. I further as	gree to comply with th

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>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	Todd S Linhart		<del></del>
		15975 Briarcliff Ln Fort Myers, FL 33912	Remove
			□ Change
AMBR	Linhart Manangement, LLC	15975 Briarcliff Ln Fort Myers, FL 33912	Add
			Remove
			☐ Change
			□ Add
			□ Remove
			Change
·· <del></del> -			Add 
			Remove 77
		-	☐ Change
<del></del>			Addi 50
			□ Remove
		-	□ Change
	<del></del>		□ Add
			☐ Remove
			Change

			<del></del>		_ <del></del>	
	· · · · · · · · · · · · · · · · · · ·					
					_	
*			-	<del></del>	<del></del>	
		<del></del>		<del>-</del> -		
	-			<u> </u>	<del></del>	
<del>-</del>	<del></del>					
<del> </del>			<u> </u>			
-			<u> </u>			
					<del></del>	
······································			<del> </del>		<del></del>	
					~	
			-		2021	
·				<del>.</del> <u>.</u>	17. <u>17</u> 0	. 77
			<del></del>		<del>΄΄΄ ω</del>	6.27
					•	. 1
					- <del> </del>	۱۳۹۳ تعمید:
<del></del>		·····		<del> </del>		
		08/25/2021			· - ' ' '	
Effective date, if other than	the date of filing:	annat ha minata dari	Legila .	(optional)		
(If an effective date is listed, the date Note: If the date inserted in the	is block does not me	et the applicable s	tatutory filing requir	ements, this date	Pursuant to 605.0 will not be listed	207 (3)( as the
document's effective date on the	ne Department of Sta	ite's records.				
1 15						
he record specifies a dela The 90th day after the	iyed <del> effec</del> tive da record is filed.	te, but no <del>t an</del>	<del>ef</del> fective time, a	st 12:01 a.m. o	untine earlier	์ บร์:
Dated September I		2021				
· · ·						
<i>,</i> -'	( - ( -		representative of a me			

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00