

L21000504799

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

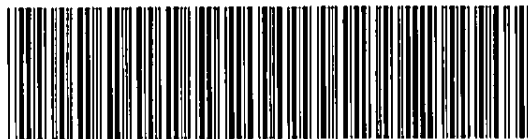
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100407799841

05/01/23--01021--013 **25.00

FILED
2023 MAY -1 PM 4:24
STATE
EFL

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: US HOME RENT LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

ANNY MURCIA BRAVO

Name of Person

US HOME RENT LLC

Firm/Company

175 WHISPER WOOD CT

Address

KISSIMMEE FLORIDA 34743

City/State and Zip Code

USHOMERENT@YAHOO.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ANNY MURCIA BRAVO

407 5081923

at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed) |
|--|--|--|--|

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

FILED
STATE
OFFICE
TALLAHASSEE, FL

2023 MAY -1 PM 4:24

FILED

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

US HOME RENT 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 11/29/2021 and assigned

Florida document number L21000504799.

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:

175 WHISPER WOOD CT KISSIMMEE FLORIDA 34743

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

175 WHISPER WOOD CT KISSIMMEE FLORIDA 34743

(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:

ANNY MURCIA BRAVO

New Registered Office Address:

175 WHISPER WOOD CT

Enter Florida street address

KISSIMMEE

Florida 34743

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

MGR = Manager
AMBR = Authorized Member

[illegible]

[illegible]

(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 605.0207 (3)(b)

If 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 record is filed.

Dated APRIL, 26, 2023.

Alf Harris

Signature of a member or authorized representative of a member

ANNY MURCIA BRAVO

Typed or printed name of signee

2023 JAN -1 PM 4:24

10

Filing Fee: \$25.00