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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.

Account Number: 110432003053

Phone : (561)694-8107

Pax Number

: (561)214-8442

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

<b>w</b> 1	Address:			
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## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN NSL CUSTOM RENTAL ENT. LLC

Certificate of Status	0
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T. LEMIEUX Help APR 2 8 2022

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

nsi custom rental ent. LLC	
(Name of the Limited Liability Com (A Florida Limited	pany as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Compan Florida document number L22000156310	y were filed on 04/13/2022 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited lia	bility company here:
The new name must be distinguishable and contain the words 'Limited Liab	offity 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:	
(Malling address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:  Name of New Registered Agent:	address on our records, enter the name of the new register
New Registered Office Address:	
	Enter Florida street address
	City Zip Code
New Registered Agent's Signature, if changing Registered Agen	27 27 SSS
I hereby accept the appointment as registered agent and ag provisions of all statutes relative to the proper and complet accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered offic company has been notified in writing of this change.	e performance of my duties, and I am familiar with and provided for in Chapter 605, F.S. Or if this document is

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	Address	Type of Action
Manager	Jeffrey Leavens	110 E BROWARD BLVD	■Add
		FT LAUDERDALE, FL 33301	
			Change
Manager	Ciara Foster	110 E BROWARD BLVD	
		FT LAUDERDALE, FL 33301	Remove
			☐ Change
			□Add
			□Remove
			Change
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			Change
<del></del>			🗀 Add
			□Remove
			Change

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Note:	ve date, if other than the date of filing:  convenies 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 if the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as left's effective date on the Department of State's records.
the record	d 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 ed.
Dated	04/27/2022
	Jamil king
	Signature of a member or authorized representative of a member

Filing Fee: \$25.00