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(((H220001710053)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

24 <u>:</u>:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.

Account Number : 110432003053

Fax Number

Phone : (561)694-8107 : (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.

Pma	4.1	Addre	SS:

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN NSL CUSTOM RENTAL ENT. LLC

Certificate of Status	0
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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

nsl custom rental ent. LLC		·
(Name of the Limited Liability (A Florida Li	Company as it now appears on our records imited Liability Company)	<u>.)</u>
The Articles of Organization for this Limited Liability Con Florida document number L22000156310	mpany were filed on	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limite	ed liability company here:	
The new name must be distinguishable and contain the words "Limite	d 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 ADDRE	<u> </u>	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	· · · · · · · · · · · · · · · · · · ·	
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	office address on our records, <u>enter</u>	the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida str e et addres	<u> </u>
	, Flo	orida
	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 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	Ciara Foster	110 E. BROWARD BLVD.	■Add
		FT. LAUDERDALE, FL 33301	□Remove
			☐ Change
			□Add
			□Remove
			Change
			□Add
			□Remove
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	e chair, if other than the clute of filing: the date is timed, the disc south to specific and canon be prior to the of filing or there has 30 days after May, Pursuan to 605 more than the date the specific and in the black dues not need the applicable similarity filing requirements, this date will not be fisted in this date will not be fisted in this clute will not be fisted in this clute will not be fisted in the effective date on the Department of Share's records:
f the rocord ecord is fil	l'apocifics a delayad effectivé date, bût not un effective time, at 12:01 a.m. en the earlier of: (b) The 90th they effective of
:Dated	- May 12th, 2022 Jamil king
	Signature of a member or embodates term settiality of a member

Filing Fee: \$25.00

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