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2022 MAY 25 AM 9: 59 SECRETARY OF STATE

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PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE:

5/25/2022

NAME: RPM RENTAL CLUB LLC

TYPE OF FILING: AMENDMENT

COST:

25.00

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**AUTHORIZATION: ABBIE/PAUL HODGE** 

#### **COVER LETTER**

. . . . . . . . . . . . .

TO:

**Registration Section** 

Tallahassee, FL 32314

| Div                                    | ision of Cor    | porations                                    |   |  |  |
|--|-----------------|--|---|--|--|
|  | RPM RENT        | 'AL CLUB LLC                                 |   |  |  |
| SUBJECT:                               |                 | Name of Limi                                 | ited Liability Company  | -  |  |
| The enclosed                           | l Articles of . | Amendment and fee(s) are sub-                | mitted for filing.  |  |  |
|  |                 | ndence concerning this matter                |   |  |  |
|  | ·               | -  | -   |  |  |
|  |                 | Jake Dayan                                   |   |  |  |
|  |                 |  | Name of Person  |  |  |
|  |                 | Florida Limited Liability C                  | Company   |  |  |
|  |                 |  | Firm/Company  |  |  |
|  |                 | 3915 NW 25TH ST                              |   |  |  |
|  |                 |  | Address   |  |  |
|  |                 | Miami, FL 33142                              |   |  |  |
|  |                 |  | City/State and Zip Code   |  |  |
|  |                 | cpaforys@gmail.com                           |   |  |  |
|  |                 | E-mail address: ()                           | to be used for future annual report no                              | etification)   |  |
| For further in                         | nformation c    | oncerning this matter, please ca             | ill:  |  |  |
| Jake Dayan                             |                 |  | 786 753-1020  |  |  |
|  | Name of         | Person                                       | Area Code Dayti   | me Telephone Number  |  |
| Enclosed is a                          | check for th    | ne following amount:                         |   |  |  |
| ■ \$25.00 F                            | Filing Fee      | □ \$30.00 Filing Fee & Certificate of Status | ☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | ☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) |  |
|  | iling Addres    |  | Street Address:   |  |  |
| Registration Section                   |                 |  | Registration Section Division of Corporations                       |  |  |
| Division of Corporations P.O. Box 6327 |                 |  | The Centre of   |  |  |

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED 2022 HAY 25 AM 9: 59

RPM RENTAL CLUB LLC

SECRETARY OF STATE TALLAHASSEE, FLORES

(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 Compan  | y were filed on 05/04/2022                                 | and assigned   |
|---|--|--|
| Florida document number 1.22000212243   |  |  |
| 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  | oility Company," the designation "L                        | LC" or the abbreviation "L.L.C."                           |
| Enter new principal offices address, if applicable:   |  |  |
| (Principal office address MUST BE A STREET ADDRESS)   |  |  |
| Entar now mailing addrage if applicables  |  |  |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)  |  |  |
| Maning dualess MAT DE AT 031 OFFICE DOX   |  |  |
| B. If amending the registered agent and/or registered office agent and/or the new registered office address here:  Name of New Registered Agent:  New Registered Office Address:  | Enter Florida street add                                   |  |
|   |  |  |
|   | City   | Florida<br>Zip Code  |
| New Registered Agent's Signature, if changing Registered Agent  | <u>:</u>   |  |
| I hereby accept the appointment as registered agent and ag<br>provisions of all statutes relative to the proper and complet<br>accept the obligations of my position as registered agent as<br>being filed to merely reflect a change in the registered offic<br>company has been notified in writing of this change. | e performance of my duties,<br>provided for in Chapter 60. | and I am familiar with and 5, F.S. Or, if this document is |
| II Ch   | maina Dagictered Agent Signatur                            | e of Nov. Pegistared Apant                                 |

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 |
|--------------|----------------|---------------------------------|----------------|
| AMBR         | TUGRUL. JORDAN | 1360 SOUTH OCEAN BLVD, APT 2007 | 🗆 Add          |
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| te: If the date inserted in this        | the date of filing:<br>must be specific and cannot be prices block does not meet the application of State's record | icable statutory filing requ | (optional)<br>in 90 days after filing.) Pursua<br>sirements, this date will no | int to 605.020<br>It be listed a |
| cord specifies a delayed effects filed. | ctive date, but not an effective   | time, at 12:01 a.m. on the   | earlier of: (b) The 90th   | day after the                    |
| ed                                      | 2022   |                              |  |                                  |
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| ea                                      |  |                              |  |                                  |
| ed                                      | Signature of a member or aut   |                              |  |                                  |

Filing Fee: \$25.00



#### **COVER LETTER**

TO: Registration Section Division of Corporations

| RP<br>SUBJECT:    | M RENT       | AL CLUB LLC                                  |  |               |                 |  |
|-------------------|--------------|--|--|---------------|-----------------|--|
|                   |              | Name of Limi                                 | ited Liability Company   |               |                 |  |
| The enclosed Ar   | ticles of A  | Amendment and fee(s) are sub-                | mitted for filing.   |               |                 |  |
| Please return all | correspor    | ndence concerning this matter                | to the following:  |               |                 |  |
|                   |              | Jake Dayan                                   |  |               |                 |  |
|                   |              |  | Name of Person   |               | -               |  |
|                   |              | Florida Limited Liability C                  | ompany   |               |                 |  |
|                   | Firm/Company |  |  |               | -               |  |
|                   |              | 3915 NW 25TH ST                              |  |               |                 |  |
|                   |              | Address                                      |  |               |                 |  |
|                   |              | Miami, FL 33142                              |  |               |                 |  |
|                   |              |  | City/State and Zip Code  |               | -               |  |
|                   |              | cpaforys@gmail.com                           |  |               |                 |  |
|                   |              | E-mail address: (t                           | o be used for future annual report                               | notification) |                 |  |
| For further infor | mation co    | ncerning this matter, please ca              | ill:   |               |                 |  |
| Jake Dayan        |              |  | 786 753-102  |               |                 |  |
| Name of Person    |              | at ()<br>Area Code Da                        | ytime Telephone Numbe  | r             |                 |  |
| Enclosed is a che | eck for the  | e following amount:                          |  |               |                 |  |
| ■ \$25.00 Filin   | g Fee        | □ \$30.00 Filing Fee & Certificate of Status | S55.00 Filing Fee & Certified Copy (additional copy is enclosed) | Certified     | ite of Status & |  |

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