

L22 000 277 083

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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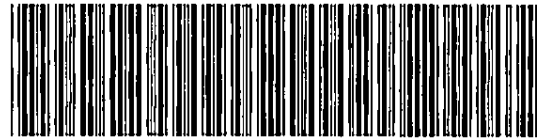
(Business Entity Name)

(Document Number)

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FILED  
2022 OCT -6 AM 8:21  
CLERK OF STATE  
TALLAHASSEE, FL

A. BUTLER

OCT 11 2022

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

J & D Rental Solutions LLC

**SUBJECT:** \_\_\_\_\_  
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:

Joshua Legare

\_\_\_\_\_  
Name of Person

J & D Rental Solutions LLC

\_\_\_\_\_  
Firm/Company

1832 Esplanade St

\_\_\_\_\_  
Address

Navarre, FL 32566

\_\_\_\_\_  
City/State and Zip Code

josh.d.legare@gmail.com

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

For further information concerning this matter, please call:

Joshua Legare

850 737-8830

\_\_\_\_\_  
at ( )

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Area Code

\_\_\_\_\_  
Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 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)

**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

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

i & D Rental Solutions LLC

Name of the Limited Liability Company as it now appears on our records.  
(A Florida Limited Liability Company)

FILED  
2022 OCT -6 AM 8:21

The Articles of Organization for this Limited Liability Company were filed on June 17, 2022 and assigned  
Florida document number 122000277083

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

N/A

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:**

N/A

**(Principal office address MUST BE A STREET ADDRESS)**

**Enter new mailing address, if applicable:**

N/A

**(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:

N/A

New Registered Office Address:

N/A

*Enter Florida street address*

N/A

**Florida**

N/A

*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**

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>	<u>Type of Action</u>
AMBR	JOSHUA LEGARE	<small>HOUSE, 217 HOLMES BLVD NW FORT WALTON BEACH, FL 32548 (BUSINESS) 1812 ESPERANZA ST. NAVARRA, FL 32566</small> 217 HOLMES BLVD NW FORT WALTON BEACH, FL 32548	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	DANIEL MORENO	<small>HOUSE, 420 LITTLE JOHN RD. MARY ESTHER, FL 32569 (BUSINESS) 1812 ESPERANZA ST. NAVARRA, FL 32566</small> 420 LITTLE JOHN RD MARY ESTHER, FL 32569	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

**D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)**

I am assigning myself, Joshua Legare, and Daniel Moreno as Authorized Members so we can open up a joint business bank account together.

If Daniel cannot be a Manager and Authorized Member at the same time then please remove him as a Manager.

**E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)**

(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):

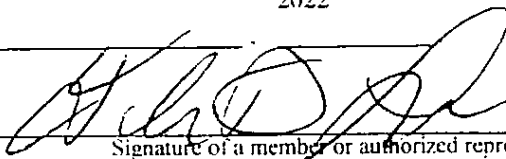
**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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.

June 21

2022

Dated \_\_\_\_\_



Signature of a member or authorized representative of a member

Joshua Legare

Typed or printed name of signer



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

September 16, 2022

JOSHUA LEGARE  
1832 ESPLANADE ST  
NAVARRE, FL 32566

SUBJECT: J & D RENTAL SOLUTIONS LLC  
Ref. Number: L22000277083

We have received your document for J & D RENTAL SOLUTIONS LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document is illegible and not acceptable for imaging.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Anissa Butler  
Regulatory Specialist II

Letter Number: 922A00020633