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2022 AUS -2 PH 4: 30

COVER LETTER	
TO: Registration Section Division of Corporations	
SUBJECT: Staceys hental L.L.C. 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:	
Malik Townsend Name of Person	
Staceys hental L.L.C	
12350 NWISHIAVE	
Malik Townsend 18 Quahoo - com E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Malik Townsend at (786) 278-8798 Name of Person Area Code Daytime Telephone Number	
Enclosed is a check for the following amount:	
S25.00 Filing Fee Sacrificate of Status Certified Copy (additional copy is enclosed) S60.00 Filing Fee. Certified Copy (additional copy is enclosed) S60.00 Filing Fee. 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

Sta	acenis	Rental	L.L.C.	2022 AUG -2	PM 4: 30
(Name of the Limited	d Liability C A Florida Lin	Company as it now apprinted Liability Compan	ocars on our records.) y)		
The Articles of Organization for this Limited Liab	bility Com	pany were filed on	07-13-202	2 and ass	igned
Plorida document number	<u>56 </u>				
This amendment is submitted to amend the follow	wing:				
A. If amending name, enter the new name of t	the limited	l liability company	<u>/ here</u> :		
The new name must be distinguishable and contain the wor	ords "Limited	Liability Company," tl	ne designation "LLC" or	the abbreviation "L.	1C."
Enter new principal offices address, if applicat	ble:				
Principal office address MUST BE A STREET	<u>ADDRES</u>	<u></u>			
Enter new mailing address, if applicable:					
Mailing address MAY BE A POST OFFICE B	OX)				
B. If amending the registered agent and/or regagent and/or the new registered office address		ffice address on ou	r records, <u>enter the</u>	name of the nev	v registered
Name of New Registered Agent:					
New Registered Office Address:		£*	Florida street address		
		r.nier		_	
		City	, Floric	iaZip Code	
Name Descriptional Associate Company of Shanning De	autotonod A	ennt.		-	

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>	<u>Name</u>	Address	Type of Action
AMBR	Malik Townsend	12350 NW13th Ave	lZ∕∧dd
		north Miami, FL 33167	Remove
			□Change
AMBR	Shelsy Philips	12350 NW 13th Ave	EAdd
		north Miami, FL 33167	□Remove
			□Change
AMBR	Tebrian Jacobs	12350 NW 13th Ave	[] \\dd
		north Miami, FL 33167	□Remove
			□ Change
			🗆 Add
			□Remove
			□Change
			□Add
			□Remove
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m effe ote:	ve date, if other than the date of filing:
ecore is fil	A 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.
ited _	04/23/2022
	Signature of a member or authorized representative of a member