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COVER LETTER

TO: Registration So Division of Cor			
SUBJECT: Rental Care	Alliance I I C		
SOBJECT: Homa Care		ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
	ondence concerning this matter		
	Marc Woolf		
		Name of Person	
	Rental Care Allian	ce LLC	
		Firm/Company	
	1100 Brickell Bay	Dr. Apt. 46F	
		Address	
	Miami, FL 33131		
	3 4 a 4 a 2 6 (a) b a 11 a a 4 da	City/State and Zip Code	
	MarcWoolf@bellsouth E-mail address: (i. Net to be used for future annual report notif	ication)
For further information o	oncerning this matter, please c	all:	
Marc Woolf		at (<u>561</u>) <u>1926733</u>	
Name o	f Person	Area Code Daytime	: Telephone Number
Enclosed is a check for t	ne following amount:		
✗ \$25.00 Filing Fee	S30.00 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		Street Address:	
Registration S Division of C		Registration Sec Division of Cor	

P.O. Box 6327 Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Rental Care Alliance LLC (Name of the Limited L) (A.1)	lability Company as It now appear forida Limited Liability Company)	ers on our records.)	
The Articles of Organization for this Limited Liabi	lity Company were filed on	March 8, 2023 - 8	and assigned
Florida document number <u>L23000108121</u>	,		
This amendment is submitted to amend the following	ng:		
A. If amending name, enter the new name of the	e limited liability company h	ere:	
Woolf Consulting LLC			
The new name must be distinguishable and contain the words	"Limited Liability Company," the	designation "LLC" or the abbrevia	
Enter new principal offices address, if applicable	e:	_	2021
(Principal office address MUST BE A STREET A	(DDRESS)		1
	,		1 ···-
			
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BO.	<u></u>		<u>+</u>
	-		
B. If amending the registered agent and/or regis agent and/or the new registered office address h	stered office address on our r ere:	records, <u>enter the name of t</u>	he new registered
Name of New Registered Agent:		· · · · · · · · · · · · · · · · · · ·	
New Registered Office Address:			<u> </u>
	Enter Flo	rida street address	
_		, Florida	
	City	Ζių	Code
New Registered Agent's Signature, if changing Regi	sterediAgent:		

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>	Address	Type of Action
		****	□Add
			□ Remove
			□Change
			□Add
			□Remove
		·-	Change
			□Add
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			□Add
			Remove
			Change
			□Add
			□Remove
			□ Change

	
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<u> </u>	
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un effectiv lote: If th	date, if other than the date of filing:
record sp l is filed.	ecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
ated	February 28 , 2024 .
	Signature of a member or authorized representative of a member
	Signature of a member or authorized representative of a member
	Marc Woolf
	Typed or printed name of signce

Filing Fee: \$25.00