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2023 KUY 24 PH 12: 0

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Registration Section

Division of Corporations

TO:

SUBJECT: Rental	Depot of	? Clermont, LLC	
	Name of Lim	nited Liability Company	
The enclosed Articles of An	nendment and fee(s) are sub	omitted for filing.	
Please return all corresponde	ence concerning this matter	to the following:	
	,		
	Kay	Name of Person	_
	Fental	Depot of chrimont, LC	, - -
		Firm/Company	
	2725 J	ann Young pwky	
		Address	-
	Kissimo	nre; FL 34741 City/State and Zip Code	202
	rekrental de	to be used for future annual report notification)	17 17 17 17 17 17 17 17 17 17 17 17 17 1
For further information cond	·	•	
rot further information conc	coming this matter, please ca	ait.	PH 12: 02
Rebeuch Kirk		at (401) 199 - 8558	<u></u>
Name of Pe	erson	Area Code Daytime Telephone Numbe	Г
Enclosed is a check for the f	ollowing amount:		
艺 \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & ☐ \$60.00 F Certified Copy Certifies	iling Fee, ate of Status &
		(additional copy is enclosed) Certified	
			,
Mailing Address:	vtion.	Street Address:	
Registration Sec Division of Cor		Registration Section Division of Corporations	
P.O. Box 6327	•	The Centre of Tallahassee	
Tallahassee, FL	32314	2415 N. Monroe Street, Suite 8	₹10

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Rental Depot of Cl. (Name of the Limited Liability Compar (A Florida Limited L	ermont, L	s on our records.)	
(A Florida Limited L	lability Company)		
The Articles of Organization for this Limited Liability Company Florida document number <u>L 23 0001357 25</u> .	were filed on	<u>3 16 3</u>	2023 and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabi	lity company he	<u>re</u> :	
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the de	esignation "LLC" (or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)			
			-
			175
Enter new mailing address, if applicable:			<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)			<u> </u>
			<u></u>
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress on our re	ecords, <u>enter th</u>	ie name of the new registered
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Flor	ida street address	
	_	, Flor	
	City		Zip Code
New Registered Agent's Signature, if changing Registered Agent:			
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of provided for in C	my duties, and Chapter 605, F.	I am familiar with and S. Or, if this document is

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
MGR.	Rebecca Kirk	2725 North John Young pw Kissimmee, FL 34741	KY DAdd
			□Remove
			□Change
			□Add
			□ Remove
			□Change
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	Rebecc	_		nember or t	authorized r	epresentativ	e of a mem	oci			

Filing Fee: \$25.00