LZ3000290820

(Requestor's Name)
(Address)
(Address)
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(City/State/Zip/Phone #)
<u>_</u>
(Business Entity Name)
(Business Entry Name)
(Document Number)
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2023 JUL 19 PK 1: 20



COVER LETTER

TO:

TO: Registration So Division of Co			
SUBJECT:	Hy End Ren Name of Lim	lat Proporties LL ited Liability Company	<u>C</u>
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	James	L Ekvin Jr Name of Person	
	Hy end	Rental Properties Pirm/Company	
	885	Sunlit Coral Stre	et
	Rush	City/State and Zip Code	
	E-mail address:	Bental Properties @ Gma	C.I.Com
•	oncerning this matter, please co	all:	
James L E	***	at (<u>&13</u>) <u>560 - 0</u> Area Code Daytima	<u> ૧૫</u>
Name c	f Person	Area Code Daytim	e Telephone Number
Enclosed is a check for t	he following amount:		
□ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy radditional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
<u>Mailing Addres</u> Registration		Street Address: Registration Sec	dion
Division of C	orporations	Division of Cor	
P.O. Box 632		The Centre of T	
Tallahassee.	r1. 52514	2415 N. Monroe	e Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Hy end Rental Pro	operties LLC 19 Fit 1:26	
(Name of the Limited Liability Compa (A Florida Limited I	anylas it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company	were filed on June 15, 2023 and assi	gned
Florida document number <u>La3000 aq0820</u> .		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	pility company here:	
The new name must be distinguishable and contain the words "Limited Liabil	ility Company," the designation "LLC" or the abbreviation "L.I.	
Enter new principal offices address, if applicable:	1741 E State Rd 60 HW	109
(Principal office address MUST BE A STREET ADDRESS)	Valrica, FL 33594	
Fueron	1741 E State Rd 60 #10	ΛŒ
Enter new mailing address, if applicable: (Mailing address MAY RE A POST OFFICE POY)	Valrico, FL 33594	0-1
(Mailing address MAY BE A POST OFFICE BOX)	Varited IL 33914	
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, enter the name of the new	registere
Name of New Registered Agent:	<u> </u>	
New Registered Office Address:		
	Enter Florida street address	
	, FloridaZip Code	
New Registered Agent's Signature, if changing Registered Agent:	· · · · · · · · · · · · · · · · · · ·	
I hereby accept the appointment as registered agent and agre		v with the
provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p	performance of my duties, and I am familiar with	i and

being filed to merely reflect a change in the registered office address. Thereby 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, <u>enter the title, name, and address of each person_being addedor removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
			□Remove
			□Change
			Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□ Change
			□Remove
			□ Change
			□ Add
			□Remove
			□Change

	
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cannot be prior to date of filing or recet the applicable statutory filing	(optional) more than 90 days after filing.) Pursuant to 605,0207 (ng requirements, this date will not be listed as t
in effective time, at 12:01 a.m.	on the earlier of: (b) The 90th day after the
2023	
2	
ember or authorized representativ	
mid some Strong and a	meet the applicable statutory film State's records. In an effective time, at 12:01 a.m. 2023