

L24000067991

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

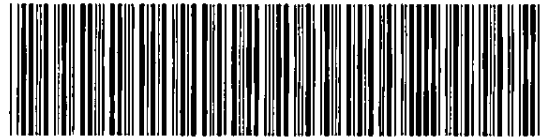
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



200426533842

04/01/24 - 01025--012 \*\*90.00

4/10/24  
K4

FILED  
2024 APR - 1 PM 3:01  
SECRETARY OF STATE  
TALLAHASSEE, FL

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Rental Signature LLC

\_\_\_\_\_  
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:

Guillermo Salcedo

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

Rental Signature LLC

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

2831 South Bayshore unit 708

\_\_\_\_\_  
Address

Miami FL 33133

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

guillermosalcedo932@gmail.com

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

For further information concerning this matter, please call:

Guillermo Salcedo

305 710-1031  
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

2024 APR - 1 PM 3:01  
SECRETARY OF STATE  
TALLAHASSEE, FL

FILED

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

Rental Signature LLC

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

The Articles of Organization for this Limited Liability Company were filed on 02/08/2024 and assigned  
Florida document number L24000067991.

This amendment is submitted to amend the following:

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

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:

1110 Brickell Avenue Suite 208 Miami FL 33131

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

1110 Brickell Avenue Suite 208 Miami FL 33131

(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:

New Registered Office Address:

Enter Florida street address

, Florida

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

FILED  
FEB - 1 PM 3:01  
CLERK OF DISTRICT COURT  
JACKSONVILLE  
FLORIDA

**MGR = Manager**  
**AMBR = Authorized Member**

FILED

2021 APR - 1 PM 01

☐ Add ☐ Remove ☐ Change

SECRETARY OF STATE  
TALLAHASSEE, FL

[illegible]

(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)

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.

Dated 03/21/2024.

Signature of a member or authorized representative of a member

GUILLERMO SALCEDO

Typed or printed name of signee

FILED  
24 APR -1 PM 3:01  
RECEIVED  
DEPT. OF STATE  
TALLAHASSEE FL  
the 90th day after the

**Filing Fee: \$25.00**