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| Note: DO NOT hit the REFRESH RELOAD button on your browser from this page. Doing so will generate another cover sheet. | | | · | |
| Та: | Division of Cor Fax Number | rporations : (850)617-6383 | | 3, - |
| Fram: | Account Number | | INC. | |
| | Phone Fax Number | : (323)962-8600 : (323)389-0502 | | |

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MEnter the email address for this business entity to be used for future யத்த annual report mailings. Enter only one email address please 🎌

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN ROCKSTEADY RENTALS LLC

| Certificate of Status | () |
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| Certified Copy | 1 |
| Page Count | 06 |
| Estimated Charge | 855.00 |

M. SOLOMON MAR 1 8 2024

Flectronic Filing Menu — Corporate Filing Menu

Help

COVER LETTER

| TO: Registration S Division of Co | | • | • , | |
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| | | · | | |
| ROCKSTI SUBJECT: | EADY RENTALS LLC | | | |
| | Name of Lim | ited Liability Company | | |
| | | | | |
| The enclosed Articles of | Amendment and fee(s) are sub | mitted for filing. | | |
| Please return all correspond | ondence concerning this matter | to the following: | | |
| | Cheyenne Moscley | | | |
| | | Name of Person | ; · | 7 |
| | Legalzoom.com, Inc. | | | |
| | | Firm/Company | | - : |
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| | Glendale, CA 91203 | | | - |
| | | City/State and Zip Code | | |
| | shereen.beltamy@gmail.co | | | |
| | E-mail address: (| to he used for future annual repor | r notification) | |
| For further information of | concerning this matter, please co | all: | | |
| Cheyenne Moseley | | 800 773-088 | SS | |
| Name C | of Person | Area Code Di | aytime Telephone Number | |
| | | | | |
| Enclosed is a check for a | he following amount: | | | |
| ☐ \$25.00 Filing Fee | ☐ \$30.00 Filing Fee & Certificate of Status | ■ \$55,00 Filing Fee & Certified Copy (additional copy is enclosed) | S60.60 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) | |
| Regist Divisio | ING ADDRESS: ration Section on of Corporations lox 6327 | STREET/CO Registration S Division of Ci Clifton Buildi | orporations | |
| | assee, FL 32314 | 266) Executiv | e Center Circle | |

Tallahassee, FL 32301

To:

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| (Name of the Limited Liability Compa (A Florida Limited) | ny as it now appears on our record Liability Company) | <u>ds.</u>) |
|--|--|---------------------------------|
| The Articles of Organization for this Limited Liability Company | liability company here: Jability Company," the designation "LLC" or the abbrevious 382 NE 191 St. #557240 Miami, FL 33179 382 NE 191 St. #557240 Miami, FL 33179 d office address on our records, enter the here: Enter Florida street address | and assigned |
| Florida document number L24000073238 | | |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limited liab | ility company here: | , , |
| The new name must be distinguishable and contain the words "Limited Liabil | lity Company," the designation "LLC | I" or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | 382 NE 191 St. #557240 | · - |
| (Principal office address MUST BE A STREET ADDRESS) | Miami, FL 33179 | |
| rincipal office address MUST BE A STREET ADDRESS | | |
| | | |
| | | |
| (Mailing address MAY BE A POST OFFICE BOX) | Miami, FL 33179 | |
| B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her Name of New Registered Agent: | | s, enter the name of the n |
| New Registered Office Address: | | |
| | Enter Florida street addres | 77 |
| | , FI | orida |
| New Registered Agent's Signature, if changing Registered Agent: | • | zīp Code |
| I hereby accept the appointment as registered agent and agr | | uther agree to comply with th |

If Changing Registered Agent, Signature of New Registered Agent

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 hability

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

| Title | <u>Name</u> | Address | Type of Action |
|---------------|-------------------|---|-----------------|
| AMBR | SHEREEN A BELLAMY | | Add |
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| Page: 26 of 52 | 2024-03-16 16:01 58 PDT | 13236068205 | From: Raily Srivastava |
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| li an efl <u>Note:</u> | ive date, if other than the date of filing: | .0207 (3 :d as th |
| | cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlie 90th day after the record is filed. | er of: |
| Dated | March II 2024 | |
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Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00