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(Re	equestor's Name)	
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PICK-UP	MAIT	MAIL
(Bu	usiness Entity Nar	ne)
(Do	ocument Number)	
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SECKTIARY OF STATE

COVER LETTER

TO: Registration Se Division of Co			
	MAN HOME IMPROVEMENT	S LLC	
SUBJECT:	Name of Limi	ted Liability Company	
The enclosed Articles of	Amendment and fee(s) are subr	nitted for filing.	
Please return all correspo	ondence concerning this matter t	to the following:	
	Benjamin Soileaux		
		Name of Person	
	RENT-A-MAN HOME IM	PROVEMENTS LLC	
		Firm/Company	
	868 Daring Dr.		
		Address	
	Davenport, FL 33837		
		City/State and Zip Code	
	bsoileaux@gnail.com		
	-	o be used for future annual report not	dication)
For further information of	concerning this matter, please ca	ill:	
Benjamin Soileaux		775 354 9277	
Name o	of Person	Area Code Daytirr	e Telephone Number
Enclosed is a check for t	he 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)

11.

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

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

RENT-A-MAN HOME IMPROVEMENTS LLC	any as it now annears on our record	de)
(Name of the Limited Liability Compa (A Florida Limited	Liability Company)	u3- <i>)</i>
The Articles of Organization for this Limited Liability Company Florida document number	were filed on March 14 2024	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
RENT-A-MAN MULTIFAMILY SERVICES LLC		
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC	C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		<u> </u>
(Principal office address MUST BE A STREET ADDRESS)	868 Daring Dr.	24 S
	Davenport FL 33837	Fig. TP
Enter new mailing address, if applicable:	868 Daring Dr.	12 PA
(Mailing address MAY BE A POST OFFICE BOX)	Davenport FL 33837	
B. If amending the registered agent and/or registered office agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:	address on our records, enter	
	ព	lorida
	City , F1	Zip Code

New Registered Agent's Signature, if changing Registered Agent:

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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
		 	
			□Remove
			□Change
			□Add
			□Remove
		<u> </u>	Change
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			☐ Change
			□ Add
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			□Remove
			Change
			□ Remove
			□ Change

	
	
	
(If an e	tive date, if other than the date of filing:
docui	ment's effective date on the Department of State's records.
e reco	ord 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 filed.
Dateo	September 10. 2024
	Signature of a member or authorized representative of a member
	Benjamin Soileaux

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Filing Fee: \$25.00