L2400151170

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COVER LETTER

TO: Registration So Division of Cor					
	PLACE LLC				
SUBJECT:	Name of Lin	Name of Limited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	nmitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
	RICHARD A BOYKO, E.	A			
		Name of Person	_		
	WHITE DOVE BUSINES	SS & FINANCIAL SERVICES, LLC			
		Firm/Company	_		
	11720 US 19, SUITE 6				
		Address			
	PORT RICHEY, FL 3466	8			
		City/State and Zip Code			
	•	VE BUSINESS & FINANCIAL SERVICES LLC	용함 (J. 1977) 영화		
5 6 4 1 6 1		to be used for future annual report notification)	31ALS WA 8: 18		
	oncerning this matter, please c	aii:	TATI TATI		
RICHARD A BOYKO	EA	727 808-5427 at ()	<u> </u>		
Name o	f Person	Area Code Daytime Telephone Numb	er		
Enclosed is a check for the	ne following amount:				
■ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	(additional copy is enclosed) Certific	Filing Fee. cate of Status & ed Copy nal copy is enclosed)		
Mailing Address Registration S Division of C	Section Corporations	Street Address: Registration Section Division of Corporations			
P.O. Box 632 Tallahassee,		The Centre of Tallahassee 2415 N. Monroe Street, Suite Tallahassee, FL 32303	810		

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CHOICE PLACE LLC	
(<u>Name of the Limited Liability Company as it</u> (A Florida Limited Liability	now appears on our records.) Company)
The Articles of Organization for this Limited Liability Company were for florida document number L24000151170	led on 04/01/2024 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability co	mpany here:
CHOICE PLACE RENTALS LLC	
he new name must be distinguishable and contain the words "Limited Liability Com	pany," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
Principal office address MUST BE A STREET ADDRESS)	(m)
nter new mailing address, if applicable:	SWH STAN
Mailing address MAY BE A POST OFFICE BOX)	SE P
	<u>π</u> ε
If amending the registered agent and/or registered office address gent and/or the new registered office address here:	on our records, enter the name of the new regis
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
Cir	, Florida Zin Code
Cu)	

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 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
MBR	LEO ORLANDO	9343 DEBBIE LANE, HUDSON, FL34669	= Add
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ective date, if other than the date of filing:	28/2024	0.00		(optional)	\ D	to 605 07
n effective date is listed, the date must be specific and cannot tee: If the date inserted in this block does not meet the	e applicable	ate of filing or e statutory fil	more man 90 da ing requiremer	ys after fling. its, this date	will no	t be listed
cument's effective date on the Department of State's	records.					
		at 12:01 a m	on the english	of the Th	a OOth	day after th
ecord specifies a delayed effective date, but not an effi is filed.	ective time,	, at 12.01 a.n.	, on the earner	01. (0)	C 70011	uay aitti ti
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