L24000432920

(Re	equestor's Name)
(Ad	dress)
(Ad-	dress)
(Cit	y/State/Zip/Phone #)
PICK-UP	WAIT MAIL
(Bu	siness Entity Name)
(Do	cument Number)
Certified Copies	Certificates of Status
Special Instructions to I	Filing Officer.
	DEC: -5 2024



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11/06/24--01018--009 **25.00



Office Use Only

COVER LETTER

TO: Registration Se Division of Cor			
SUBJECT:CO	Name of Lin	AV Rentals ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	JASON 10	Kendrick Name of Person	
	COUNTRY (Camper AV Rea	1496
	7594 Yellow	ustone Or.	
	_		
	14endrick + E-mail address: (F. 32571 City/State and Zip ergle Camily 6 @ gmail, to be used for future annual report notified.	Com icotion)
For further information c	oncerning this matter, please c		
JAGON K	endnick f Person	at (<u>850</u>) <u>Q61 -</u> Area Code Daytim	5260 Telephone Number
Enclosed is a check for the	ne following amount:		
74 \$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

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

The Articles of Organization for this Limited Liability Company were filed on OCT 3 2021 and assigned L 24000 432920 Florida document number 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 "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (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 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. 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, enter the title, name, and address of each person—being adde or removed from our records:					
	MGR = Manager AMBR = Authorized Member				
<u>Title</u>	<u>Name</u>	Address	Type of Action		
<u> 116 R</u>	Jody ElKendnick	7594 Yellowstone Dr. PAIC, F1.3	25~7 / □Add		
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	fing any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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an effect <u>ote:</u> If	date, if other than the date of filing:
record s is filed	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
nted	11/1/2024
	Agnature of a member or authorized representative of a member
	TAS on Kendrick Typed or printed name of signee