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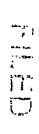


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SECRETARY OF STATE

TALLAHASSEE, FL





COVER LETTER

	Registration Se Division of Co							
emp rez		CUSTOM RENTALS, LLC						
SOBJEC	SUBJECT:							
The encl	osed Articles of	Amendment and fee(s) are sub	mitted for filing.					
		ondence concerning this matter	-					
		MARINA IVANENKO						
			Name of Person					
			Firm/Company					
		1030 PALMETTO DR						
			Address		2024 SEC			
		VENICE, FL 34293			2024 NOV 25 SECRETAR TALLAHA			
City/State and Zip Code SUNRISECR.LLC@GMAIL.COM E-mail address: (to be used for future annual report notification)					ass ac A Ha			
For furth	er information o	concerning this matter, please c	·	nt normeation)	3: 33 STATE E, FL	ţ		
MARIN	A IVANENKO		941 928-71 at ()	19				
	Name o	of Person	Area Code E	Daytime Telephone Number				
Enclosed	l is a check for t	he following amount:						
■ \$25.00 Filing Fee □ \$30.00 Filing Fee & Certificate of Status			☐ \$55.00 Filing Fee & Certified Copy tadditional copy is enclosed) Certified C	icate of Status &			
	Mailing Address Registration Division of C P.O. Box 632	Section Corporations						

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SUNRISE CUSTOM RENTALS, LLC		
(<u>Name of the Limited Liability Compa</u> (A Florida Limited)	ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number $\frac{1.24000486748}{}$.	were filed on NOVEMBER 18, 2024	and assigned
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 Liabi	lity Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:	1030 PALMETTO DR	
(Principal office address MUST BE A STREET ADDRESS)	VENICE, FL 34293	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office agent and/or the new registered office address here: Name of New Registered Agent:	address on our records, enter the na	ECRETARY OF STATE new registere me of the new registere
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

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>	Name	<u>Address</u>	Type of Action
Title AMBR	MARINA IVANENKO	1030 PALMETTO DR	■Add
		VENICE, FL 34293	□Remove
			□Change
			□Add
			□Remove
			Change
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ffective date, if other than the d an effective date is listed, the date must b	be specific and c	annot be prior	to date of filing	or more than 9	days after filin	ig.) Pursuant l	to 605.020
(ote: If the date inserted in this bloc ocument's effective date on the Dep			ioie statutory	illing require	nems, uns da	te will not o	e nsieu a
record specifies a delayed effective of I is filed.				i.m. on the ea	lier of: (b)	The 90th day	after the
ated NOVEMBER 21 Maries S		2024					
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1///a/s/	ina l	Vanel	iro	ative of a mem			

Typed or printed name of signee