119000/68/120

	(Requestor's Name)
	(Address)
	(Address)
	(City/State/Zip/Phone #)
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COVER LETTER

Division of Co	rporations		
Kissimmee SUBJECT:	FL Rentals, LLC.		
NOBILCT:	Name of Lin	nited 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:	
	Raul Freijo		
		Name of Person	<u></u>
	Kissimmee FL Rentals, LI	С.	
	-	Firm/Company	·
	610 Sycamore St. Ste #160)	
		Address	
	Celebration, FL 34747		
	ELSAMIN2002@gmail.com		
	E-mail address: (to be used for future annual report notif	me Telephone Number □ \$60.00 Filing Fee, Certificate of Status &
For further information c	oncerning this matter, please c	all:	
Raul Freijo		786 368-6806 at()	
Name c	f Person	Area Code Daytime	Telephone Number
Enclosed is a check for ti	he following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	

MAILING ADDRESS:

TO:

Registration Section

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2015" 125 3330-12

Kissimmee FL Rentals, LLC,	1013.1	20 FH IU-13
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our liability Company)	records.)
The Articles of Organization for this Limited Liability Company Florida document number <u>L19000168120</u> .	were filed on $\frac{06/26/2019}{}$	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 Liabil	lity Company," the designation	"LLC" or the abbreviation "L.L.C."
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 of registered agent and/or the new registered office address here Name of New Registered Agent:		ecords, enter the name of the ne
New Registered Office Address:		
	Enter Florida street	address
·		Florida
None Book tound America Cimerana if almost a Book and America	Cuy	Zip Code
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as point filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duti provided for in Chapter	ies, and I am familiar with and 605, F.S. Or, if this document is

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>	<u>Address</u>	Type of Action
MGR	Celimar Freijo	610 Sycamore St. Ste #160 Celebration, FL 34747	■ Add
			☐ Remove
			□ Change
			Add
			Remove
			☐ Change
	-		Add
			☐ Remove
			Change
			Remove
			Change
			Add
			□ Remove
			□ Change
			Add
			Remove
			Change

		
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lf an effect <u>Note:</u> If	re date, if other than the date of filing:	to 605.0207 (e listed as (
	and specifies a delayed effective date, but not an effective time, at $12\!:\!01$ a.m. on the elective day after the record is filed.	earlier of
Dated _	November 11 . 2019	
	Signature of a member or authorized representative of a member	_

Page 3 of 3

Filing Fee: \$25.00