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COVER LETTER

	Registration Se Division of Cor					
CHD IEZ		9613 RENTALS LLC				
SUBJEC	·	Name of Lin	nited Liability Company			
The enclo	osed Articles of	Amendment and fee(s) are sub	omitted for filing.			
Please ret	urn all correspo	ondence concerning this matter	to the following:			
		Andrew Obeidy				
			Name of Person			
		Obeidy and Associates PA	i			
	Firm/Company					
	2755 East Oakland Park Blvd. Suite 225					
			Address			
		Fort Lauderdale Fl 33306				
		andrew@obdlegal.com	City/State and Zip Code			
		**	(to be used for future annual report notification)			
For furthe	er information c	oncerning this matter, please c	call:			
Andrew (Obeidy, Esq.		305 892-5454 at ()			
	Name o	f Person	at () Area Code Daytime Telephone Number			
Enclosed	is a check for the	ne following amount:				
■ \$25.6	00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed) □ \$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed)			
Ī	Mailing Addres Registration S	Section	Street Address: Registration Section			
Division of Corporations P.O. Box 6327		.7	Division of Corporations The Centre of Tallahassee			
•	Fallahassee, I	FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303			

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

3671 AND 9613 RENTALS LLC		
(Name of the Limited Liability Co (A Florida Limi	mpany as it now appears on our r ted Liability Company)	ecords.)
The Articles of Organization for this Limited Liability Comp. Florida document number 1.21000180639	any were filed on 04/19/2021_	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	liability company here:	
Giabar, LLC		22
The new name must be distinguishable and contain the words "Limited I.	liability 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	<u> </u>	200 PP 100
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered off agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:	ice address on our records, Enter Florida street	enter the name of the new registered
	City	, FloridaZip Code
	·	zy Cotte
New Registered Agent's Signature, if changing Registered Agent I hereby accept the appointment as registered agent and provisions of all statutes relative to the proper and compaccept the obligations of my position as registered agent being filed to merely reflect a change in the registered of company has been notified in writing of this change.	agree to act in this capacity dete performance of my dut as 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 \square Add Remove _____ Change ____ □ Add _□Add _____ □Change _ □Remove _____ □Change ______ □Remove

_____ Change

			
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ffective date, if other than the an effective date is listed, the date multiple of the date inserted in this bocument's effective date on the I	ist be specific and cannot be prior to date of lock does not meet the applicable stat	f filing or more than 90 days afte	i onal) r filing.) Pursuant to 605,0207 (is date will not be listed as t
record specifies a delayed effecti I is filed.	ve date, but not an effective time, at 1.	2:01 a.m. on the earlier of: (t) The 90th day after the
ated May 4	. 2021		

Filing Fee: \$25.00