

6/13/25, 12:49 PM

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Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : KIM MARKS CPA
Account Number : 120120000072
Phone : (305)895-5815
Fax Number : (305)895-6273

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: DAVITA@KIMMARKSCPA.COM

TALLAHASSEE, FLORIDA

2025 JUN 13 PM 12:20

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
STAY RENTE LLC

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H25000 2121253

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

FILED

2025 JUN 13 PM 12:20

STAY RENTE LLC

(Name of the Limited Liability Company as it now appears on our records)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 02/08/2022 and assigned
Florida document number 1,22000066753.

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 "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 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

City

Florida

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

14260002121233

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>	<u>Type of Action</u>
MGR	AVITAL, DANIEL	323 SUNNY ISLES BLVD, STE 708	☐ Add
		SUNNY ISLES BEACH FL 33160	☒ Remove
			☐ Change
MGR	AVITAL, DAN	323 SUNNY ISLES BLVD, STE 708	☒ Add
		SUNNY ISLES BEACH FL 33160	☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
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			☐ Remove
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			☐ Remove
			☐ Change

1725 0002121255

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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2025 JUN 13 PM 12:20
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E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated June 13 2025

Signature of a member or authorized representative of a member

DAN AVITAL.

Typed or printed name of signee

Filing Fee: \$25.00