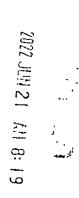
## L08000 108391

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## **COVER LETTER**

TO: Registration So Division of Cou			
.,	10 1110		
SUBJECT: Marco Isla		ited Liability Company	
		, , ,	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Alexis Dirienzo		
		Name of Person	
	Marco Island Rentals LLC		
		Firm/Company	<del></del>
	6111 SW 35th Way		
		Address	
	Gainesville, Fl. 32608		
		City/State and Zip Code	<del></del>
	alexisdru@msn.com E-mail address: (	to be used for future annual report notificat	ion)
For further information of	oncerning this matter, please ca		,
Alexis Dirienzo		., 352 284-1148	
	f Person	at (352 ) 284-1148 Daytime Te	lephone Number
Enclosed 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 (additional copy is enclosed)	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
<u>Mailing Addres</u> Registration		Street Address: Registration Section	ภา

**Division of Corporations** P.O. Box 6327 Tallahassee, FL 32314

Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2022 JUN 21 MI 8: 19

Marco Island Rentals 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 I Florida document number <u>L08000108391</u>	Liability Company	were filed on 11/21/20	08 and assigned	
This amendment is submitted to amend the fol	lowing:			
A. If amending name, enter the new name of	of the limited liab	ility company here:		
The new name must be distinguishable and contain the	words "Limited Liabil	lity Company," the designat	ion "LLC" or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:		Alexis Dirienzo		
(Principal office address MUST BE A STREET ADDRESS)		6111 SW 35th Way		
		Gainesville, Florida 3	2608	
Enter new mailing address, if applicable:		Alexis Dirienzo		
(Mailing address MAY BE A POST OFFICE BOX)		6111 SW 35th Way		
		Gainesville, Florida 33	2608	
B. If amending the registered agent and/or agent and/or the new registered office address.	ess here:		s, enter the name of the new registered	
Name of New Registered Agent:	Alexis Dirienzo	)		
New Registered Office Address:	6111 SW 35th	Way Enter Florida str	oot addrass	
	Cainanille Ple			
	Gainesville Flo	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, 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>	<u>Name</u>	Address	Type of Action
MGR	Lisa Di Rienzo	6535 SW 82nd Avenue	□Add
		Miami, FL 33143	■Remove
			☐ Change
			\ \_Add
			□Change
		_1219-1	□Add
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ffective date, if other than an effective date is listed, the date force. If the date inserted in thi ocument's effective date on the	s block does not meet	the applicable sta	of filing or more than 9 tutory filing require	(optional) 0 days after filing.) Pure ements, this date will	suant to 605.0207 ( not be listed as t
record specifies a delayed effe d is filed.	ctive date, but not an e	ffective time, at 1	2:01 a.m. on the ea	ırlier of: (b) The 90	th day after the
ated June 10th		022			
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	Signature of a memi	ber of authorized re	presentative of a men	nber	

Filing Fee: \$25.00