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SECRETARY OF STATE
FALLAHASSEE, FLORIDA

D. BRUCE

JUN 11 2009

EXAMINER

COVER LETTER

TO:

Registration Section

P.O. Box 6327 Tallahassee, FL 32314

Division of Co	rporations	•			
SUBJECT:	RENTALS IN	TERNATIONAL LL	.C		
		ited Liability Company		•	
The enclosed Articles of	f Amendment and fee(s) are su	bmitted for filing.			
Please return all corresp	ondence concerning this matte	r to the following:			
		Michael Wanek		•••	
		Name of Person			
		Firm/Company			
		7110 SW 158th CT Address			
		Miami, FL 33193		O9 JUN 10 PH 1: 30 SECKETARY OF STATE ALLAHASSEE, FLORIDA	
		City/State and Zip Code	· · · · · · · · · · · · · · · · · · ·	ARY SSEE	
	E-mail address: (nwanek@comcast.net to be used for future annual rep	ort notification)	PR PR	
For further information	concerning this matter, please	call:		: 30 'ATE 'RIDA	
	chael Wanek	at (305)	726-7688 Daytime Telephone Numb		
Enclosed is a check for t	the following amount:				
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is each	nclosed) Certifie	filing Fee, cate of Status & ed Copy onal copy is enclosed)	
Regist	LING ADDRESS: ration Section	STREET/C Registration	COURIER ADDRESS:		
Divisi	on of Corporations Sox 6327		Corporations		

2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO **ARTICLES OF ORGANIZATION OF**

RENTALS INTER			
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appear Jiability Company)	rs on our records.)	
The Articles of Organization for this Limited Liability Company Florida document number			and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company her	<u>e</u> :	
The new name must be distinguishable and end with the words "Limi"L.L.C."	ted Liability Compa	ıny," the designation "L	LC" or the abbreviation
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)			OB SEC
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			FILED JUNIO PH 1: HASSEE F, STA
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		our records, enter the	he name of the new
Name of New Registered Agent:			
New Registered Office Address:			
	En	ter Florida street addi	ress
	City.	, Florida	7:
New Desistand Assets Circulate 15 1	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 608, 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 the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records: MGR = Manager MGRM = Managing Member **Title Type of Action Address** Name | MGRM DEAN, ELISA 12019 SW 39TH TER ☐ Add ✓ Remove MIAMI FL 33175 US DEAN, IAN R MGRM 12019 SW 39TH TER ☐ Add MIAMI FL 33175 US ✓ Remove MGRM PAOLA SORNOZA 7110 SW 158TH CT ✓ Add MIAMI, FL 33193 Remove ☐ Add Remove ∏Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

MAY 22 , 2009

Signature of a member or authorized representative of a member

MICHAEL WANEK

Typed or printed name of signee

Dated

Page 2 of 2

Filing Fee: \$25.00