From: Wendy Fax:+17025519536 To Fax:+18507176383 Page: 2 of 5 08/21/2024 9:10 PM

L10000058173

Florida Department of State
Division of Corporations
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Division of Corporations
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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
FRUGAL RENTALS, LLC

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FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

M. SOLOMON
AUG 22 2024

(((H24000281053)))

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

FRUGAL 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 Liability Company were filed on 6-1-2010 and assigned Florida document number L10000058173.

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)

3225 McLeod Dr. Suite 100
Las Vegas, NV, 89121

Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

3225 McLeod Dr. Suite 100
Las Vegas, NV, 89121

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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

_____, Florida _____
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 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

Title	Name	Address	Type of Action
MGRM	Michael F. Branche	6018 KALEY DR.	☐ Add
		WINTER HAVEN, FL 33880	■ Remove
		6018 KALEY DR.	☐ Change
MGRM	Mavirie E. Branche	WINTER HAVEN, FL 33880	☐ Add
			■ Remove
			☐ Change
AMBR	Big Sky Trust	3225 McLeod Dr, Suite 100	■ Add
		Las Vegas, NV, 89121	☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change

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

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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 August 21, 2024

Wendy Eakle

Signature of a member or authorized representative of a member

Authorized Representative

Typed or printed name of signee

Filing Fee: $25.00