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To:

Division of Corporations

Fax Number : (850)617-6383

From:

: VARGAS, PIEDRA & CO. Account Name

Account Number : I20070000148

Phone

: (305)671-0003

Fax Number : (305)671-6263

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

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN RENTAL GOLDEN, LLC.

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COVER LETTER

TO:

Registration Section
Division of Corporations

SUBJECT

RENTAL GOLDEN LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:



Name of Person

PIEDRA & COMPANY CPA

Firm/Company

9100 SOUTH DADELAND BLVD STE 912

Address

MIAMI, FL 33156

City/State and Zip Code

AURELIO@VARGASPIEDRA.COM

E-mail address: (to be used for future annual report notification)

Por further information concerning this matter, please call:

AURELIO A PIEDRA

at (_____)

,305<u>,</u>671-0003

Name of Person

Area Code & Daytime Telephone Number

Enclosed is a check for the 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)

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TOARTICLES OF ORGANIZATION OF

3 H 8 H 8:51 (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 01/31/2011 Florida document number <u>L1</u>1000013118 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 end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." 9100 SOUTH DADELAND BLVD STE 912 Enter new principal offices address, if applicable: MIAMI, FL 33156 (Principal office address MUST BE A STREET ADDRESS) 9100 SOUTH DADELAND BLVD STE 912 Enter new mailing address, if applicable: MIAMI, FL 33156 (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: PIEDRA & COMPANY CPA Name of New Registered Agent: 9100 SOUTH DADELAND BLVD STE 912 New Registered Office Address: Enter Florida street address MIAMI City

New Registered Agent's Signature, if changing Registered Agent:

RENTAL GOLDEN LLC

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					
<u>Title</u>	<u>Name</u>	Address <u>T</u>	ype of Action		
MGR	LOBA INVESTMENT GROUP, INC	2501 S OCEAN DR STE 105	Add		
		HOLLYWOOD, FL. 33019	Remove		
MGR	CLAUDIO IPOLITTI	9100 SOUTH DADELAND BLVD STE 912	Add		
		MIAMI, FL 33156	Remove		
<u> </u>			Add Remove		
			Add Remove		
			Add Remove		
			Add Remove		

D. If amending any other inform	nending any other information, enter change(s) here: (Attach additional sheets, if necessary.)				
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Dated MAY 8					
Chysio"	In the signature of a member or authorized representative of a m				
		ember			
CLAUDIO II	POLITTI				
	Typed or printed name of signee				

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Filing Fee: \$25.00