LII 0000045683

(Re	equestor's Name)	
(Ad	Idress)	
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(Cit	ty/State/Zip/Phone	; #)
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22 APR 25 AM 8: 45

T. MATTHEWS JUN 1 3 2022

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Condo Pental Solution Name of Limited Liability Company	is, LLC
The enclosed Articles of Amendment and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Melynda Sachs Name of Person	·
Condo Rental Solut	tions, LLC
51 Richmond Drive	
New Smyrna Beach, -	FL 32169
Melynda (a) Suchs real Established For future annual report r	tynsb.com
For further information concerning this matter, please call:	
Melanda Sachs at (386) 23 Dame of Person Area Code Day	35-7355 time Telephone Number
Enclosed is a check for the following amount:	
\$\$ \$25.00 Filing Fee \$\Bigcup \text{S30.00 Filing Fee & Certificate of Status}\$\$ 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 Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION CORPORATIONS OF DIVISION OF CORPORATIONS

(Name of the Limited Liability Company as it now appears of (A Florida Limited Liability Company)	22 APR 25 AM 8: 46
The Articles of Organization for this Limited Liability Company were filed on 64 Florida document number 41100045683	- 1
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 desi	gnation "L.L.C" 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 recognit and/or the new registered office address here:	ords, enter the name of the new registered
Name of New Registered Agent:	
New Registered Office Address:	
Enter Florida	i 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

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>	Name	Address	Type of Action
AMBR	Mike Parry	813 Stagtorn Court	
	·	New Smyrna Bch., FL 3211	<u>≪</u> Remove
			□Change
AMBR	Victoria Sachs	6303 Miccosukee Ro	<mark>√.</mark> i % ∆dd
		Tallahassee, FL 3230	Remove
			🗆 Add
			□Remove
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Effect	ive date, if other than the date of filing: (ontional)
Note:	ive date, if other than the date of filing:
he recor ord is fi	d 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 ed.
Dated	April 15 2022.
	Molynda Dacho Signature of a member or authorized representative of a member Melynda Sacho Typed or printed name of signee
	Signature of a member or authorized representative of a member

Filing Fee: \$25.00