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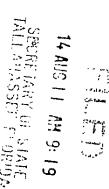
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COVER LETTER

TO: Registration Section Division of Corporation	ons *
SUBJECT: Jetset M	liami Rentals IIc
SUBJECT:	Name of Limited Liability Company
The enclosed Articles of Amend	dment and fee(s) are submitted for filing.
Please return all correspondence	e concerning this matter to the following:
Z	Zehava Ouazanan
	Name of Person
<u>J</u>	etset Miami Rentals
4	Firm/Company
<u>1</u> -	8220 West Dixie Hwy
N *	· · · · · · · · · · · · · · · · · · ·
	Jorth Miami Beach, FI 33160 City/State and Zip Code
go	oldiemiami@gmail.com
	· ·
	at (917) /31.0343
Name of Ferson	Alea Code Dayline Polephone Pathoet
Enclosed is a check for the follo	owing amount:
□ \$25.00 Filing Fee ■ \$	330.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)
For further information concerning Zehava Ouaza Name of Person Enclosed is a check for the following the concerning term of the concern	E-mail address: (to be used for future annual report notification) ing this matter, please call: ana at (917) 731.6343 Area Code Daytime Telephone Number Daytime Telephone Number Daytime Telephone Sumber Certificate of Status Certificate of Status & 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 TO ARTICLES OF ORGANIZATION OF

Jetset Miami Rentals LLC					
(Name of the Limited	Liability Compar A Florida Limited L	iy as it now appears on our reco iability Company)	ords.		
The Articles of Organization for this Limited Lia Florida document number L12000106236 This amendment is submitted to amend the follow. A. If amending name, enter the new name of the submitted to a s	bility Company v	were filed on <u>8/17/2012</u>		and ass	signed
<u> </u>		<u>,</u> .			
The new name must be distinguishable and end with the w	ords "Limited Liabi	lity Company," the designation "	LLC" or t	he abbreviation "	IL.C."
Enter new principal offices address, if applica		Zehava Ouazanan			
(Principal office address MUST BE A STREET	ADDRESS)	18220 W Dixie Hwy			
		North Miami Beach, I	FL 331	60	
Enter new mailing address, if applicable:		Zehava Ouazanan			
(Mailing address MAY BE A POST OFFICE B	OX)	18220 W Dixie Hwy			_
		North Miami Beach,	FL 331	60	
B. If amending the registered agent and/o registered agent and/or the new registered off			rds, <u>ent</u>	er the name	of the new
Name of New Registered Agent:	Zehava Oua	azanan		<u> </u>	
New Registered Office Address:	18220 W Di	xie Hwy		五 五 五 五 五 五 五	1 4
rest registered office readess.		Enter Florida street ada	ress	33×	DOMES
	North Miam	i Beach	Florida	33160 =	<u> </u>
		City		Zip Gode	The state of
New Registered Agent's Signature, if changing Re	egistered Agent:			表文 - - - - - - - - - -	
I hereby accept the appointment as registered provisions of all statutes relative to the proper accept the obligations of my position as regist being filed to merely reflect a change in the recompany has been notified in writing of this company has been notified in writing of this company has been notified in writing of the company has been notified in writing of this company has been notified in writing of the company has been notified in writing the company has bearth which we can be a company has been notified in writing the c	r and complete jured agent as pergistered office hange.	performance of my duties. provided for in Chapter 60	and I a 5, F.S. (that the	m familiar wi Or, if this doc limited liabil	th and ument is ity

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	Name	<u>Address</u> <u>Type</u>	of Action
MGR	Zehava Ouazanan	3510 Magellan Cir Unit 723	dd
		Aventura, FL 33180	emove
MGRM	Fani Biton	120 Seagrass way DAG	dd
			dd
		□ Add	i nove
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		Add	

υ.	f amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
r	ffeetive data if other than the data of filing.
	ffective date, if other than the date of filing: (optional) he effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after he date this document is filed by the Florida Department of State)
	he effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after he date this document is filed by the Florida Department of State)
	he effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after he date this document is filed by the Florida Department of State)

Page 3 of 3

Filing Fee: \$25.00