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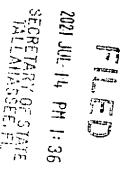
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COVER LETTER

Registration Section

Tallahassee, FL 32314

TO:

SUBJECT:	Numa of Lin	nited Liability Company					
	isane or izn	med Claomey Company					
he enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.					
	ondence concerning this matter	-					
, , , , , , , , , , , , , , , , , , ,	and the content of th	to the following.					
	MORALES, LYDIA E						
		Name of Person					
	LYDIA'S HOME RENTA	LS, LLC					
		Firm/Company					
	P.O. BOX 51902						
		Address	<u> </u>				
	FORT MYERS, FL 33994						
	-	City/State and Zip Code					
	LYDIAMORALES@AOL						
		to be used for future annual report no	tification)				
or further information c	oncerning this matter, please c	all:					
MORALES, LYDIA E		239 246-3987 at ()					
Name o	f Person	Area Code Daytir	me Telephone Number				
nclosed is a check for th	ne following amount:		•••				
	☐ \$30.00 Filing Fee &	☐ \$55.00 Filing Fee & .	□ \$60.00 Filing Fee.				
	Certificate of Status	Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy (additional copy is enclosed)				
Mailing Address Registration S	_	Street Address: Registration So	action				
Division of C	orporations	Division of Corporations					
P.O. Box 632	7	The Centre of Tallahassee					

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LYDIA'S HOME RENTALS, LLC			
(<u>Name of the Limited Liability Compan</u> (A Florida Limited L	iv as it now appears on our recortiability Company)	<u>ds.</u>)	
The Articles of Organization for this Limited Liability Company	were filed on 10/04/2012		and assigned
Florida document number L12000126813			
This amendment is submitted to amend the following:			*
A. If amending name, enter the new name of the limited liabi	lity company here:		ı
The new name must be distinguishable and contain the words "Limited Liabili	ty Company." the designation "LL	C" or the abbrev	ation "L.L.C."
Enter new principal offices address, if applicable:		(/)	202
(Principal office address MUST BE A STREET ADDRESS)			= 3 j
		<u> </u>	
Enter new mailing address, if applicable:		RY OF	P :
(Mailing address MAY BE A POST OFFICE BOX)		الالد (100	- 0
Manning address PMT BENT 661 61116E BOIL	<u> </u>	(T)	36
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress on our records, <u>ente</u>	r the name of	the new regis
Name of New Registered Agent:			· · · · · · · · · · · · · · · · · · ·
New Registered Office Address:	Enter Florida street addr	ess	
	F	Florida	
····	City		Lip 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 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>	<u>Name</u>	Address	Type of Action
MGRM	THE MOMENT TRUST, DATED	P.O. BOX 51902 FORT MYERS, FL. 33994	= Add
(MM)	June 15, 2021		Remove
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ote: If the	ate, if other that date is listed, the date date inserted in effective date on	this block d	oes not me	eet the app	licable sta	of filing or m tutory filin	ore than 90 cg requirem	_(optio lays after ! ents, this	nal) filing.) Pi date wi	ursuant ti Il not be	o 605.0207 e listed as
record spec is filed.	cifies a delayed e	ffective date	e, but not a	in effectiv	e time, at	2:01 a.m. c	on the earli	er of: (b)	The 9	0th day	after the
ated	1/2 Nuis		· ·	<u>20:</u>	<u>) [</u>						1
	· · · · · · · · · · · · · · · · ·	Signa	iture of a m	cintrer or at	ithorized re	presentative		r	•		

Filing Fee: \$25.00