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SECRETARY OF STATE

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T. HAMPTON

# RIENS Rental, LLC

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

Please return all correspondence concerning this matter to the following:

EliseA FRISHBERG
Name of Person
Financial Media Global FlukiDA LLC
1160 Kane Concourse # 204
Bayharbor FSLANDS, PL 33154
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Elisea FRISHBERG at (305) 606 - 828/
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

\$25.00 Filing Fee

TO:

Registration Section
Division of Corporations

□ \$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 TO ARTICLES OF ORGANIZATION

ed Liability Company as it now appears on our (A Florida Limited Liability Company) (Name of the Limited The Articles of Organization for this Limited Liability Company were filed on Florida document number 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." 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 records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent:

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

New Registered Office Address:

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.

Page 1 of 3

flond A, LL

Florida

If Changing Registered Agent, Signature of New Registered

		Manager Authorized N	1ember						
Till AMB	l <u>e</u>	Name Elsea	FRISH	BERG	Address 1160 / BATA Fluri	kane C ARBOR DA 3	en Coup 1SLAND 3154	Type of Action  Add  Remove	<u></u> 04
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· 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:

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2 Signat	ire of a member or authorized representative of a member	

Page 3 of 3

Filing Fee: \$25.00

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