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(Re	questor's Name)	
(Ad	dress)	
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(Cit	ty/State/Zip/Phon	e #)
PICK-UP	MAIT	MAIL
(Bu	siness Entity Nar	me)
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- (Do	cument Number)	
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Certified Copies	Certificate	s of Status
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Special Instructions to	Filing Officer:	
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Office Use Only

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JECM: ARY OF STATE

COVER LETTER

TO:

Registration Section Division of Corporations

SUBJECT

Nube Rental, 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:

arelis garcia

Name of Person

nube rental, Ilc

Firm/Company

5240 sw 3rd street

Address

plantation fl 33317

City/State and Zip Code

nuberental@gmail.com

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

For further information concerning this matter, please call:

arelis garcia

313 6141442

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 TO ARTICLES OF ORGANIZATION OF

Nube Rental, LLC		
(Name of the Limited Liability Co	mpany as it now appears on our records.) ted Liability Company)	
(A Florida Limi	еа Савину Сопрану)	
The Articles of Organization for this Limited Liability Comp	pany were filed on 06/26/2013	and assigned
Florida document number L13000092489		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	liability company here:	
<u> </u>		
The new name must be distinguishable and end with the words "L.L.C."	Limited Liability Company," the designation "I	LC" or the abbreviation
Enter new principal offices address, if applicable:		· · · · · · · · · · · · · · · · · · ·
(Principal office address MUST BE A STREET ADDRESS	<u> </u>	
		201
Enter new mailing address, if applicable:		
		至
(Mailing address MAY BE A POST OFFICE BOX)		TOP TO
		7.
B. If amending the registered agent and/or registered	d office address on our records, enter t	he name of the new
registered agent and/or the new registered office address	<u>here</u> :	2 -
		.c.
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street add	ress
	* 71	
		Zin 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 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 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	Type of Action
MGR	abel marquez	5240 sw 3rd street	Add
		plantation, fl 33317	Remove
MGR	arelis garcia	5240 sw 3rd street	Add
		plantation, fl 33317	Remove
·			Add Remove
			Add
			Add Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)				
ated				
	auto Laire,			
	Signature of a member or authorized representative of a member			
	arelis garcia			
	Typed or printed name of signee			
	Page 3 of 3			

Filing Fee: \$25.00