L15000098403

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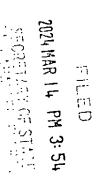
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Ret. 03/14/24



COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: ALL TA	ROPHIES ETC., LLC
Name of Lir	nited Liability Company
The enclosed Articles of Amendment and fee(s) are sul	bmitted for filing.
Please return all correspondence concerning this matter	r to the following:
SANDRA	3. DIAZ Name of Person
	Name of Person
NIA	T: 10
	Firm/Company
P.O. BOX 10	771
	Address
BELLE GL	ADE, FL 33430 City/State and Zip Code
•	
E-mail address:	14@ GMAIL. COM (to be used for future annual report notification)
For further information concerning this matter, please of	call:
SANDER A MINT	1018-5428
Name of Person	Area Code Daytime Telephone Number
Enclosed is a check for the following amount:	
☐ \$25.00 Filing Fee ☐ \$30.00 Filing Fee &	☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee,
Certificate of Status	Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed) Certified Copy
: Payment made on	(additional copy is enclosed)
1273 1/3/24 \$43.75 , Payon	ent Dap. on 119
Mailing Address:	Street Address:
Registration Section	Registration Section
Division of Corporations P.O. Box 6327	Division of Corporations The Centre of Tallahassee
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Company as it how appears on our records.) (A Florida Limited Liability Company)
The Articles of Organization for this Limited Liability Company were filed on 03/03/2016 and assigned Florida document number <u>L1500098403</u> .
This amendment is submitted to amend the following:
A. If amending name, enter the new name of the limited liability company here: SANRIC RENTALS LLC. The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC".
Enter new principal offices address, if applicable:
Enter new mailing address, if applicable:
3. If amending the registered agent and/or registered office address on our records, enter the name of the new register agent and/or the new registered office address here:
Name of New Registered Agent:
New Registered Office Address: Enter Florida street address
Sew Registered Agent's Signature, if changing Registered Agent:

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

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the

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
			
			Remove
			Change
			□Add
		·	□Remove
			□Change
		□Add	
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		 	□Remove
			□Change

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Note	tive date, if other than the date of filing: 03 09 2024 (optional) ffective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3) If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the ment's effective date on the Department of State's records.
f the reco	ord 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 filed.
Dated	MARCH 09, 2024.
	Signature of a member or authorized representative of a member
	SANDRA B. DIAZ Typed or printed name of signee

And the second of the second

Filing Fee: \$25.00