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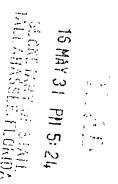
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## COVER LETTER &

TO: Registration Division of C		<b>5</b>	
SUBJECT: 716 Duv	al Rental, LLC		
SUBJECT.	Name of Limit	ed Liability Company	<u> </u>
	of Amendment and fee(s) are subm	-	
Please return all corres	spondence concerning this matter to	o the following:	
	Gregory S. Oropeza, Esq.		
		Name of Person	
	Smith Oropeza Hawks, PL		
		Firm/Company	
	138-142 Simonton Street		
		Address	
	Key West, FL 33040		
		City/State and Zip Code	<del></del>
	pmurzyn@hotmail.com	be used for future annual report noti	fication)
For further information	n concerning this matter, please cal	•	
Gregory Oropeza		at () 296-7227 Area Code Daytim	
Nam	e of Person	Area Code Daytim	e Telephone Number
Enclosed is a check fo	r 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

716 Duval Rental, LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on 07/23/2015 \_ and assigned Florida document number L15000125792 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: N/A The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." N/A Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) 16213 Cherry Tree Road Enter new mailing address, if applicable: Noblesville, IN 46062 (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 Office Address: Enter Florida street address . Florida

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.

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

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

<u>Title</u>	<u>Name</u>	Address	Type of Action
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			Change
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ated May 25	, 2016	<u> </u>				
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Typed or printed name of signee

Filing Fee: \$25.00