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| (Req | uestor's Name) | |
|---------------------------|------------------|-------------|
| (Add | ress) | |
| (Add | ress) | |
| (City. | /State/Zip/Phone | e #) |
| PICK-UP | WAIT | MAIL |
| (Bus | iness Entity Nar | me) |
| (Doc | ument Number) | |
| Certified Copies | Certificates | s of Status |
| Special Instructions to F | iling Officer: | |
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Office Use Only



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COVER LETTER

| | gistration Secti vision of Corpo | | | |
|----------------|-------------------------------------|--|---|---|
| SUBJECT: | | JXURY RENTALS, LLC | | |
| | · | Name of Limi | ted Liability Company | |
| The enclosed | d Articles of Ar | mendment and fee(s) are sub- | mitted for filing. | |
| Please retun | n all correspond | lence concerning this matter | to the following: | |
| | | FREDERICK SCOTT HO | USE | |
| Name of Person | | | | |
| | | FLORIDA LUXURY REN | ITALS, LLC | |
| | | Cost | Firm/Company | |
| | | EAST 2501 WEST COMMERCI | AL BLVD., SUITE 208 | |
| | | | Address | |
| | | FT. LAUDERDALE, FL 3 | 3308 | |
| | | | City/State and Zip Code | , |
| | | E-mail address: (| to be used for future annual report notific | cation) |
| For further i | nformation con | cerning this matter, please ca | all: | |
| FREDERIC | ск ѕсотт но | USE | 954 849-7284 | |
| | Name of P | Person | at (| Telephone Number |
| Enclosed is | a check for the | following amount: | | |
| \$25.00 | Filing Fec | ☐ \$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

FLORIDA LUXURY RENTALS, I.LC

(Name of the Limited Liability Company as it now appears on our records.)

| (A Florida Li | company as it now appears on mited Liability Company) | our records. |
|--|--|--|
| The Articles of Organization for this Limited Liability Con Florida document number L15000165164 | npany were filed on Septen | nber 28, 2015 and assigned |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limited | d liability company here: | |
| The new name must be distinguishable and contain the words "Limited | l Liability Company," the design | nation "LLC" or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | | |
| (Principal office address MUST BE A STREET ADDRE | SS) | · · · · · · · · · · · · · · · · · · · |
| | | The second secon |
| | | |
| Enter new mailing address, if applicable: | , | |
| (Mailing address MAY BE A POST OFFICE BOX) | (10.0 | |
| | | |
| Name of New Registered Agent: | | |
| New Registered Office Address: | Enter Florida s | street address |
| | | , Florida |
| | City | Zip Code |
| New Registered Agent's Signature, if changing Registered A | gent: | |
| I hereby accept the appointment as registered agent and provisions of all statutes relative to the proper and compacept the obligations of my position as registered agent being filed to merely reflect a change in the registered company has been notified in writing of this change. | plete performance of my nt as provided for in Chap office address, I hereby co | duties, and I am familiar with and oter 605, F.S. Or, if this document is onfirm that the limited liability |
| ' | t Changing Registered Agent, | Signature of Wew Registered Agent |
| P | age 1 of 3 | OF STATE |

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> | Name | Address | Type of Action |
|--------------|-------------------|----------------------------------|--|
| MGR | M100 Holdings LLC | 5531 University Drive, Suite 103 | |
| | | Coral Springs, I-L 33067 | Remove |
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| ctive | e date, If other than the ive date is listed, the date mus | : date of filing: st be specific and cannot l | pe prior to date of filing | or more than 90 da | (optional) ws after filing.) | Pursuant to 605.6 |
| effecti | the date inserted in this bl | lock does not meet the | applicable statutory | filing requiremen | nts, this date w | rill not be lister |
| <u>e:</u> [f1 | t's effective date on the D | repartment of State's re | ecords. | | | |
| <u>e:</u> [f1 | | | | | | |
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Filing Fee: \$25.00