## L/6000002176

(Requestor's	Name)
(Address)	
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2016 FEB -1 PH 12: 21

K. SALY EXAMINER

FEB - 3

## **COVER LETTER**

Division of Co			
OUD ID OD	Rentals LLC		
Substitution of the substi	Name of Lim	ited Liability Company	<del></del>
The enclosed Articles of	of Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	condence concerning this matter	to the following:	
	Blanca Salcedo		
		Name of Person	
	YSX Management Corpor	ation	
		Firm/Company	
	1850 NW 15th Ave, Suite	200	
		Address	
	Pompano Beach FL 33069	•	
		City/State and Zip Code	
	KRN.Blanca@gmail.com	to be used for future annual report noti	fication)
For further information	concerning this matter, please ca	•	
Blanca Salcedo		954 822-6598 at ()	
Name	of Person	Area Code Daytim	e 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

ZOISFEB-I PHIZ: 21
TALLAHASSTOF STATE
TORION

Banizar Rentals 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 Com Florida document number $\frac{L16000002176}{L16000002176}$	pany were filed on 01/04/20	and assigned
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 contain the words "Limited	Liability Company," the designati	on "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRES	<u>(S)</u>	
Enter new mailing address, if applicable:	<del></del>	
(Mailing address MAY BE A POST OFFICE BOX)	<del></del>	
B. If amending the registered agent and/or registered registered agent and/or the new registered office address		records, enter the name of the new
Name of New Registered Agent:		_
New Registered Office Address:		
New Registered Office Address.	Enter Florida stre	et address
·		, Florida Zip Code
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent	gent:	
I hereby accept the appointment as registered agent and provisions of all statutes relative to the proper and compaccept the obligations of my position as registered agent being filed to merely reflect a change in the registered of company has been notified in writing of this change.	olete performance of my du t as provided for in Chapte	ties, and I am familiar with and r 605, F.S. Or, if this document is

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>	<u>Address</u>	Type of Action
MGR	Catherine Izarra	8130 Glades Road #209,	
		Boca Raton FL 33434	□ Remove
			☐ Change
<del></del>			Add
			□ Remove
			□ Remova 2
	·		Add
			Remove
			_ □ Change
		· <u></u>	Add
			□ Remove
			☐ Change
			Remove
			Change

Effective date, if other than the date of filing:  If an effective 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 Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.  The 90th day after the record is filed.  Dated    Optional		
Effective date, if other than the date of filing:		
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Filing Fee: \$25.00