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SECRETARY OF STATE FALLAHASSEE, FLORIDA

MAY 0 9 2013) BRUCL:

COVER LETTER

TO: Registration Sec Division of Corp			
SUBJECT:	lovida Teep	Rental L.L.C.	
	Name of Linn	ted blasmty company	
The enclosed Articles of A	Amendment and fee(s) are subn	nitted for filing.	
Please return all correspon	dence concerning this matter to	o the following:	
	Tanira	I. Rivera	·····
	Florida Je	rep <u>Pental</u> Firm/Company	
	12386 State V	Rond 635, Suite	
	Orlando,	City/State and Zip Code City/State and Zip Code City/State and Zip Code City/State and Zip Code City/State and Zip Code	
	Fl Teep Ren 1 E-mail address: (to	TAL @ GMG(L. COM) o be used for future annual report notification	on)
For further information co	ncerning this matter, please cal	11:	
Tanira P	Person	at (407) 765 - 88	Phone Number T
Control to a short for the		July Godo Day III Co	TWARY OF
Enclosed is a check for the	-	-	
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Fling Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Registra Divisior P.O. Bo		STREET/COURIER A Registration Section Division of Corporation Clifton Building	ns
i ailahas	ssee, FL 32314	2661 Executive Center	Circle

Tallahassee, FL 32301

TO ARTICLES OF ORGANIZATION OF

FLORIC	OA TEEP Rental LLC.
(Name of the Limit	ted Liability Company as it now appears on our records. (A Florida Limited Liability Company)
The Articles of Organization for this Limited L Florida document number $L 100007$	Liability Company were filed on 4(20(16 and assigned 2013).
This amendment is submitted to amend the foll	lowing:
A. If amending name, enter the new name o	of the limited liability company here:
The new name must be distinguishable and contain the v	words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applic	* * * *
(Principal office address MUST BE A STREE	· · · · · · · · · · · · · · · · · · ·
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE	<u>BOX)</u>
B. If amending the registered agent and registered agent and/or the new registered or	/or registered office address on our records, enter the name of the new ffice address here:
Name of New Registered Agent:	Tanira Rivera
New Registered Office Address:	12376 State Road 535 # 200000000000000000000000000000000000
	Enter Florida street address City Florida: 32836 Fig. Code
New Registered Agent's Signature, if changing	•
provisions of all statutes relative to the propaccept the obligations of my position as regi	ed agent and agree to act in this capacity. I further agree to comply with the per and complete performance of my duties, and I am familiar with and istered agent as provided for in Chapter 605, F.S. Or, if this document is registered office address, I hereby confirm that the limited liability change.

If Changing Registered Agent, Signature of New Registered Agent

or removed from our records:

MGR =	Manager	
AMBR =	Authorized	Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Tanira Pivera	12386 State Road 535, # Orlando, Fl 32936	25 ty Add
			Remove
_			☐ Change
AMBR	Demetrius Sc. H	7512 Dr. Philips Blod, So. Orlando, F1 32819	-287 - Add
			Remove
			Change
			Add
			☐ Remove
			Change
			Add
		SECTETARY OF STATEMENT OF STATE	Remove
		SSET ARY OF A	Change
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a.ī			Change
			Add
			Remove
			Change

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	ve date, if other than the date of filing:	
E. Effectiv	ve date, if other than the date of filing:	Vh
Note: 1	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will mot be listed as the	e
docume	int's effective date on the Department of State's records.	
If the reco	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.	
Dated _	May 5, 2014.	
	Signature of a member or authorized representative of a member	
	Typed or printed name of signee	

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Filing Fee: \$25.00