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TOPETARY OF STATE

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COVER LETTER

Division of Corporations
SUBJECT: COY POYOTE LEASED LLC Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Brian Ferdinand Name of Person
COrporate Leased LLC Firm/Company
III Brickell Ave #2325
Miami, FL 33131 City/State and Zip Code
Brion O You Rent. Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person at (305) Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\ \text{Certificate of Status}\$\$ \$\ \text{Certified Copy} \\ \text{(additional copy is enclosed)}\$\$ \$\ \text{Certified Copy} \\ \text{(additional copy is enclosed)}\$\$\$ \$\ \text{Certified Copy} \\ \text{(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

COVPOVOITE LEOSE (Name of the Limited Liability Co	mpany as it now appears on our reco	rds.)
The Articles of Organization for this Limited Liability Comp. Florida document number \(\bigcup \)	any were filed on JUTY (0	1 2014 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited l	liability company here:	
The new name must be distinguishable and contain the words "Limited L	iability Company," the designation "LI	LC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS	<u> </u>	100
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered registered agent and/or the new registered office address		ds, enter the name of the nev
Name of New Registered Agent:	• 	
New Registered Office Address:		
	Enter Florida street addr	ress
	, I	F lorida Zip Code
New Registered Agent's Signature, if changing Registered Age	*	Zip Code
I hereby accept the appointment as registered agent and a provisions of all statutes relative to the proper and complaceept the obligations of my position as registered agent being filed to merely reflect a change in the registered off company has been notified in writing of this change.	agree to act in this capacity. I j lete performance of my duties, as provided for in Chapter 605	and I am familiar with and 5, F.S.:Or, if this document is

If Changing Registered Agent, Signature of New Registered Agent

	g Authorized Person(s) authorized to main from our records:	nage, enter the title, name, and address of each p	person_being added
MGR = M AMBR = A	Ianager Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Luis Garcia Fanjul	IIII Brickell Ave #2325	🖸 Add
		Miami, FL 33131	🗆 Remove
			Change
MGR	Rodney O'Neal	III Brickell Ave #2325	Add
		Miami iFL 33/31	Remove
			Change
MGR	Michael Bravemai	n IIII Brickell Ave #232	Add
		Miami, FL 33131	_□ Remove
			_□ Change
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ective date, if other tha	n the date of filing	g:		(optio	nal)	
effective date is listed, the da	te must be specific and	d cannot be prior to da	te of filing or more the	an 90 days after fi	ling.) Pursuant to	605.02 listed
te: If the date inserted in t	the Department of S	itate's records.				
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ument's effective date on	aved effective d	late, but no an	effective time.	at 12:01 a.	m. on the ea	
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record specifies a de he 90th day after the	ayed effective cerocord is filed.	late, but not a	n effective time,	at 12:01 a.	m. on the ea	
ument's effective date on record specifies a de	ayed effective c record is filed.	date, but not a	n effective time,	at 12:01 a.	m. on the ea	
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ument's effective date on record specifies a de he 90th day after the	e record is filed.	,	d representative of		2011	FILED

Filing Fee: \$25.00