L16000132435

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THE STATE

COVER LETTER

TO: Registration Sec Division of Corp					
	lo Rentals LLC				
SUBJECT:	Name of Limi	ted Liability Company			
The enclosed Articles of A	Amendment and fee(s) are sub-	nitted for filing.			
Please return all correspon	ndence concerning this matter	to the following:			
	Susan Harding				
		Name of Person			
	· Harding Bell International,	Inc.			
		Firm/Company			
	113 Pontotoc Plaza				
	**	Address			
	Auburndale, Fl 33823				
		City/State and Zip Code			
	susan.harding@hbitax.com			Z, 22	
	E-mail address; (to be used for future annual report notifica			(A) (S)
For further information co	oncerning this matter, please ca	ıll:		等。	things a
Susan Harding		863 9681010 at ()		r* (O	1
Name of	Person	Area Code Daytime To	elephone Number	A H 5	
Enclosed is a check for th	e following amount:			TO	
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Certificate o Certified Co (additional copy	of Status &	

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

Viva Orlando Rentals LLC		
(<u>Name of the Limited Lial</u> (A Flor	bility Company as it now appears on our recor rida Limited Liability Company)	<u>ds.</u>)
The Articles of Organization for this Limited Liability	y Company were filed on 07/13/2016	and assigned
Florida document number L16000132435	·	
This amendment is submitted to amend the following	:	
A. If amending name, enter the new name of the li	imited liability company here:	
The new name must be distinguishable and contain the words "I	Limited Liability Company," the designation "LL	C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET AD	DRESS)	(m) (m)
		;
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		No.
Manifest west 135 Harri BB /1 1 OBT OF 1 ICE BOXY		
		S G
B. If amending the registered agent and/or re	gistered office address on our record	=
registered agent and/or the new registered office a		· (4
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addre	255
	, F	lorida
	City	Zip Code

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

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.

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:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	MELISA SABBADINI	610 SYCAMORE ST, SUITE 140	
		CELEBRATION, FL 34747	■ Remove
			Change
MGR	FERNANDO BAUZA	610 SYCAMORE ST, SUITE 140	
		CELEBRATION, FL 34747	■ Remove
			☐ Change
MGR	JERRY VALLE	610 SYCAMORE ST, SUITE 140	B Add
		CELEBRATION, FL 34747	□ Remove
			Change Add Change Change Add
			☐ Remove
		_	□ Add
			□ Remove
			□ Change

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