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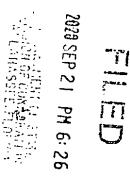
(Requestor's Name)		
(Address)		
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(City/State/Zip/Phone #)		
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(Document Number)		
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OCT 2 9 2020 S. YOUNG

COVER LETTER

Division of Co		•	
SUBJECT:	Rent Toda	Red Liability Company	<u>. </u>
The enclosed Articles o	f Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Marta	Bezeron (<u> </u>
	Rent -	Tocky Real	4 1-1
	616 At1	untic Shures Address	Blud Ste FI
		City/State and Zip Code Yealty @ ama to be used for future annual report notifi	
For further information	concerning this matter, please ca	~	
Luis Po	Degevenu of Person	at (<u>954)</u> 744 Area Code Daytune 786 316	
Enclosed is a check for t	he following amount:	, -	
型 \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	© \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addre Registration Division of C P.O. Box 632	Section Corporations	Street Address: Registration Sec Division of Corp The Centre of Ta	porations

Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee. FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

Name of the Limited Eiability Company as it now appears on our records.) (Name of the Limited Eiability Company)
The Articles of Organization for this Limited Liability Company were filed on December 23 2016 and assigned Florida document number 116000186 816
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 designation "LLC" or the abbreviation "L.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)
Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)
B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: Name of New Registered Agent:
Name of New Registered Agent: Martin Baserono

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

New Registered Office Address:

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.

City

Enter Florida street address

, Florida _

· 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
MGTAM	Luis Begerano	616 Atlantic Shores Bluck Steets Hallandala Bih 91 33009	□Add □ ☑Remove
PRES	Marta Begenno	616 Atlantic Shores Blud Stettb Hallandele Beachfl 3500	□Change ☑Add
		Hallandele Beachfl 3300	_ □Remove
			_
			_ □Remove
			_ □Change
			_ □ Add _ □ Remove
	-		, ⊞Change
<u>-</u>			□Add
	_		☐Remove ☐Change
			⊡Add
	_		□Remove
	_		□Change

	
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-	
(If an eff	ive date, if other than the date of filing: (optional) (optional)
docum	tent's effective date on the Department of State's records.
the recor	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the led.
Dated	9/14/2020. 2020.
	Lygun W. Beraux
	9 14 7020 . 2020. Luis Begereno Marta Beterano Typed or printed name of signee

Filing Fee: \$25.00