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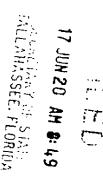
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Certified Copies	_ Certificates	of Status
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COVER LETTER

TO: Registration S Division of Co		-	
MAYIN ARVAYAN	FLORIDA FAM	ILY RENTALS LLC	
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspondence	ondence concerning this matter	to the following:	
	S	PIRO CARDARIS	
		Name of Person	
	F	ORIDA FAMILY RENTA	LS
		Firm/Company	
	303 E WOO	LBRIGHT RD SUITE 251	
		Address	
	BOYNTO	N BEACH FL 33435	
	TODDKI	City/State and Zip Code ENIG@GMAIL.COM	-
		to be used for future annual report notif	fication)
For further information of	concerning this matter, please co	all:	
TODD D KENI	G	m. 646 \ 226.5	7425
Name o	of Person	at (<u>646</u>) <u>226-7</u> Area Code Daytim	e Telephone Number
Enclosed is a check for t	he following amount:		
\$25.00 Filling 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)
MAIL	ING ADDRESS:	STREET/COURI	ER ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FLORIDA FAMILY 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 Liab Florida document number L1700040502	oility Company w	ere filed on FEBR	UARY 21ST,	2017 _{and assigned}	
This amendment is submitted to amend the follow	ina:				
This alteriument is submitted to affect the follow	ing.				
A. If amending name, enter the new name of the	<u>he limited liabili</u>	ty company here:			
The new name must be distinguishable and contain the word	ds "Limited Liability				_
Enter new principal offices address, if applicab	ole:	303 E WOO	LBRIGHT RE)	
(Principal office address MUST BE A STREET)	ADDRESS)	SUITE 251			
		BOYNTON	BEACH FL	33435	
					_
Enter new mailing address, if applicable:					
(Mailing address MAY BE A POST OFFICE BO	(X)		-		_
					_
D. K				A) 3.	_
B. If amending the registered agent and/or registered agent and/or the new registered office	registered offi e address here:	ce address on our	records, <u>ente</u>	r the name of the	<u>new</u>
				₹SS ASS	
Name of New Registered Agent:	SPIRC	CARDARIS		Light of L	• •
Name of New Registered Agent: 303		WOOLBRIGH [*]	r RD	70 3 17	-
New Registered Office Address:		Enter Florida st	reet address		<u>_</u>
	BOYNTO	N BEACH	F1 (1)	≅334 95	
		City	Florida _	Zip Code	-
New Registered Agent's Signature, if changing Reg	zistered Agent:			·	
I hereby accept the appointment as registered a provisions of all statutes relative to the proper accept the obligations of my position as registe being filed to merely reflect a change in the rescompany has been notified in writing of this ch	and complete po ered agent as pro gistered office ad ange.	erformance of my ovided for in Chap	luties, and I am ter 605, F.S. O Affirm that the I	i familiar with and r, if this document is limited liability	

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member **Title** Name | **Address Type of Action** MGR **SPIRO CARDIRAS** _□ Add (MISSPELLED LAST NAME) **⊠** Remove □ Change **SPIRO CARDARIS** 303 E WOOLBRIGHT RD BOYNTON BEACH FL 33435 MGR **⊠** Add □ Remove ☐ Change ☐ Add _ Change □ Add ■ Remove

☐ Change

□ Add

_□ Remove

☐ Change

Effective date, if other than the date of filing: (applional) (are effective date, if other than the date of filing: (applional) (are effective date is fisted, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.00 (block) (if the date inserted in this block does not meet the applicable statutory filing requirements, this date with not be listed locument's effective date on the Department of State's records. (are record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier The 90th day after the record is filed. (b) (applional) (b) (b) (c) (d) (d) (d) (d) (e) (e) (e) (e						· · · · · · · · · · · · · · · · · · ·			_
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Filing Fee: \$25.00