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SECRETARY OF STATE

D. SCOTT JAN 1 0 2010

COVER LETTER

Division of Cor	porations				
WELLYRE	NTAL LLC				
SUBJECT:	Name of Limit	ted Liability Company	#U =		
The enclosed Articles of	Amendment and fee(s) are subr	nitted for filing.			
Please return all correspo	ndence concerning this matter t	to the following:			
	Leo Krymkier, Esq.				
		Name of Person		•	
	Law office of Leo Krymkie	г			
	Firm/Company			-	
800 3rd Avenue, Suite 2800					
		Address	_	•	
	New York, NY 10022			_	
		City/State and Zip Code	-		
	leo@krymkierlaw.com	o be used for future annual report notificatio	<u> </u>	ALL SEC	
For further information c	oncerning this matter, please ca		(1)	2018 JAN - SECRETAR TALLAHAS	=
Leo Krymkier		917 251-6413		SEA O	FILED
Name o	f Person	Area Code Daytime Tele	phone Number	A II: II	D
Enclosed is a check for the	he following amount:			RAIDA	
□ \$25.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	ite of Status &	

MAILING ADDRESS:

TO: Registration Section

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

WELLYRENTAL LLC		
(<u>Name of the Limited Liab</u> (A Flori	ility Company as it now appears on our records.) ida Limited Liability Company)	
The Articles of Organization for this Limited Liability	Company were filed on March 03, 2017	and assigned
Florida document number L17000050769	 ·	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	mited liability company here:	
WELLYRENTAL103 LLC		
he new name must be distinguishable and contain the words "L	imited 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 ADL		
THICIPAL OFFICE MALIFESS MOST BE A STREET ADL	<u> </u>	
Enter new mailing address, if applicable:	<u> </u>	
Mailing address MAY BE A POST OFFICE BOX)		
		1 ~2
3. If amending the registered agent and/or reg	gistered office address on our records, ente	tithe same of the
egistered agent and/or the new registered office ad	ldress here:	至三
	;	EST T
Name of New Registered Agent:		SER O I
New Registered Office Address:		アプレ
	Enter Florida street address	07.1 07.1
	, Florida	क्राः ज
	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 rerson(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
			☐ Remove
			□ Remove
			Change
			D Add
			□ Change
			TALLAHASSEE
			D.Remove
			JAN D.Remove
			☐ Remove
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Filing Fee: \$25.00