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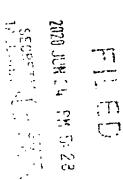
(Requestor's Name)
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D. BRUCE NIG 10 WIN

COVER LETTER

Divisi	ion of Cor	porations		
	21 Rent L	LC		
SUBJECT: _		Name of Lin	nited Liability Company	_
The enclosed A	Articles of .	Amendment and fee(s) are sul	omitted for filing.	
Please return a	II correspo	ndence concerning this matter	to the following:	
		Eric Fricker		
			Name of Person	
•		321 Rent LLC		
			Firm/Company	.
		137 S Courtenay Pkwy PM	MB 471	
			Address	
•		Metritt Island, FL 32952		
			City/State and Zip Code	
		321RenrLLC@gmail.com		20
			to be used for future annual report notification)	2020 JUN 24 SECOR TO 1
For further info	ermation co	oncerning this matter, please c	rall:	
Eric Fricker			321 613-8813	
	Name of	Person	at ()	Number T T
Enclosed is a ef	heek for th	e following amount:		27 0
≡ \$25,00 ° Fili	ng Fee	□ \$30.00 Filing Fee & Certificate of Status	Certified Copy Co (additional copy is enclosed) Co	0.00 Filing Fee. ertificate of Status & ertified Copy dditional copy is enclosed)
	ig Address stration S		Street Address: Registration Section	

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

TO: · Registration Section

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(<u>Name of the Limited L.</u> (A F	iability Company as it now appears on our records.) lorida Limited Liability Company)	
The Articles of Organization for this Limited Liabil		and assigned
Florida document number L17000143287	·	
This amendment is submitted to amend the following	uā:	
A. If amending name, <u>enter the new name of the</u>	limited liability company here:	
The new name must be distinguishable and contain the words	"Limited Liability Company," the designation "LLC" or the ab	breviation "L.L.C."
Enter new principal offices address, if applicable	::	
(Principal office address MUST BE A STREET A.	DDRESS)	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX	r)	
ngent and/or the new registered office address he Name of New Registered Agent:	tered office address on our records, <u>enter the namere:</u>	e of the new registe
New Registered Office Address:	Enter Florida street address	
_	, Florida	
	City	- Zip Code
	·	3 200
New Registered Agent's Signature, if changing Regis	stered Agent:	

If Changing Registered Agent, Signature of New Registered Agent

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

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Kate Fricker	923 Folsom St Apt 112	
		San Francisco, CA 94107	■ Remove
			□Add
			Remove
			□Change
			□Vqq
			□Remove
			□Chlunge
			□Remove □
			(T) Chlinge
			□Add
			□Remove
			□Change
			□Add
			□Remove
			D.C.

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	locument's effective date on the	Department (of State's rec	ords.					
document's effective date on the Department of State's records.	record specifies a delayed effee d is filed.	ive date, but	not an effect	ive time, at 1	2:01 a.m. on	the earlier of:	(b) The 9	Oth day af	ter the
record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b). The 90th day after th	Dated June 20		2020	·					
record 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 d is filed.	/ 1 *	2							
document's effective date on the Department of State's records. e record 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 rd is filed. Dated June 20 Signature of a member or authorized representative of a member		\sqrt{I}							