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COVER LETTER

	gistration Sec vision of Corp			3
CUD IFOT.	Tapia's R	ental, LLC		
SUBJECT:		Name of Limi	ited Liability Company	
The enclose	d Articles of A	mendment and fee(s) are sub-	mitted for filing.	
Please return	n all correspon	dence concerning this matter t	to the following:	
		Daniel R. Gonzalez		
			Name of Person	
		Tapia's Rental, LLC		
		·	Firm/Company	
		109 Hidden Spring C	Circle	
			Address	
		Kissimmee, FL. 347	43	
			City/State and Zip Code	
		danny.rosado@hotma	all.com o be used for future annual report notifica	tion)
For forther i	nformation co	neerning this matter, please ca		non)
		neerming this matter, piease ca		
Daniel R	Gonzalez		407 765-8464	
	Name of	Person	Area Code Daytime To	elephone Number
Enclosed is	a check for the	e following amount:		
■ \$25.00 I	Filing 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)

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

Lapia's Rental, LLC		
(Name of the Lim	ited Liability Company as it now appea (A Florida Limited Liability Company)	ars on our records.)
The Articles of Organization for this Limited I		and assigned
Florida document number L17000147285	,	
This amendment is submitted to amend the fol	lowing:	
A. If amending name, enter the new name	of the limited liability company h	ere:
The new name must be distinguishable and end with the Enter new principal offices address, if appli	words "Limited Liability Company," the	e designation "LLC" or the abbreviation ToL.C."
Enter new principal offices address, if appli	cable:	e designation LLC or the abbreviation 14 C.
(Principal office address MUST BE A STRE	ET ADDRESS)	
		نِي :
		ي ج
Enter new mailing address, if applicable:	 -	<u> </u>
(Mailing address MAY BE A POST OFFICE	<u>BOX</u>)	
B. If amending the registered agent and registered agent and/or the new registered of		n our records, enter the name of the new
Name of New Registered Agent:	Daniel Rosado Gonzalez	· · · · · · · · · · · · · · · · · · ·
New Registered Office Address:	109 Hidden Spring Circle	
	Enter Flo	orida street address
	Kissimmee	, Florida <u>34743</u>
	City	Zin 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 the Managers or Authorized Member on our records, <u>enter the title, name, and address of each Manager or Authorized Member being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	Daniel R Gonzalez	109 Hidden Spring Circle	□ Add
		Kissimmee, FL. 34743	Remove
AMBR	Daniel Rosado Gonzalez	109 Hidden Spring Circle	
		Kissimmee, FL. 34743	□ Remove
			Remove T.
			Remove SEP - PH 3: 6
			□ Remove
		-	
			Remove

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	by the Florida Department of State)	,
date this document is filed b	2017	
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date this document is filed b	<u>2017</u> .	
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Page 3 of 3

Filing Fee: \$25.00

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