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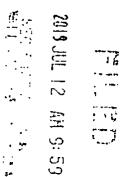
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COVER LETTER

Division of Co	porations				
407 Rental					
SUBJECT:		ited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
	Christina Wombles				
		Name of Person			
	407 Rental, LLC				
		Firm Company			
	12472 LAKE UNDERHILL ROAD, #500				
		Address			
	ORLANDO, FL 32828-71	44			
		City/State and Zip Code	* 1841 · · · · · · · ·		
	cmwombles@gmail.com				
	E-mail address: ()	to be used for future annual report notifi-	cation)		
For further information c	oncerning this matter, please ea	ill:			
Christina Wombles		904 349-6637 at ()			
Name c	f Person	Area Code Daytime	Felephone Number		
Enclosed is a check for t	he following amount:				
□ \$25.00 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:

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

407 Rental, LLC

(Name of the Limited I	Liability Company ; Florida Limited Liab	<u>iş it now appears on o</u> ility Company)	our records.)	
The Articles of Organization for this Limited Liabi Florida document number 1.19000028454	ility Company we	re filed on <u>01/28/20</u>)10	and assigned
This amendment is submitted to amend the following	ing:			
A. If amending name, enter the new name of th	ie limited liability	company here:		
The new name must be distinguishable and contain the word	s "Limited Liability C	Company," the designa	ation "LLC" or the ab	breviation "L.L.C."
Enter new principal offices address, if applicabl	le: _			4 E
(Principal office address MUST BE A STREET)	(DDRESS)		· 	
	-			- 10 · 10
Enter new mailing address, if applicable:	_			
(Mailing address MAY BE A POST OFFICE BO	<u></u>	-		
B. If amending the registered agent and/or registered agent and/or the new registered office Name of New Registered Agent:		e address on our	records, <u>enter</u>	the name of the new
New Registered Office Address:		Enter Florida str	rect address	
_		_	, Florida	
·		City		Zip Code
New Registered Agent's Signature, if changing Registered Agent's Signature, if changing Registered a provisions of all statutes relative to the proper of accept the obligations of my position as register being filed to merely reflect a change in the registery company has been notified in writing of this change in the change in the change in the registery process.	igent and agree to and complete per red agent as pro- cistered office add	formance of my d vided for in Chapt	uties, and I am jover 605, F.S. Or,	umiliar with and if this document is

If Changing Registered Agent, Signature of New Registered Agent

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
AMBR	Hayley Wombles	12472 LAKE UNDERHILL ROAD, #500	B Add
		ORLANDO, FL 32828-7144	
			☐ Remove
			□ Change
AMBR	Timothy Wombles	12472 LAKE UNDERHILL ROAD, #500	Q Add
		ORLANDO, FL 32828-7144	■ Remove_
			72
			<u>sir</u> U Change
			D Add 5
			□ Remove
			Change
			Add
			□ Remove
			☐ Change
			Remove
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			Add
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			☐ Change

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Note: If the date inserted in thi	the date of filing: must be specific and cannot be prior to date of filing or m s block does not meet the applicable statutory filin c Department of State's records.	(optional) fore than 90 days after filing.) Pursuant to 605.0207 g requirements, this date will not be listed as
ne record specifies a dela The 90th day after the	yed effective date, but not an effective t record is filed.	time, at 12:01 a.m. on the earlier of
Dated July 10	2019 2019 2019 2019 2019 2019 2019 2019 2019	
11.0	1 10.	

Page 3 of 3

Typed or printed name of signce

Filing Fee: \$25.00