Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Page: 1 of 4

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : THE NYE-SCHMITZ LAW FIRM, P.A.

Account Number : I20150000128 Phone : (239)210-5088 Fax Number : (239)300-9941

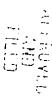
Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email	Address:	

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN MZANSI RENTALS, LLC

Certificate of Status	0
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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Mzansi Rentals, LLC	ted Linbility Comus	any as it now appears on our	records.)	_		
\ <u></u>	(A Florida Limited	any as it now appears on our Liability Company)				
The Articles of Organization for this Limited L	lability Company	were filed on <u>02/11/2019</u>	and	and assigned		
Florida document number L19000034945	·					
This amendment is submitted to amend the fol	lowing:					
A. If amending name, enter the new name of	of the limited liah	oility company here:				
The new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the designation	"LLC" or the abbreviation	"L.L.C."	_	
Enter new principal offices address, if applie	cable:	5425 Park Central Ct	.: <u>-</u>	21		
(Principal office address MUST BE A STREI		Naples, FL 34109		22,	_	
			· <u>.</u>			
				26	_ <u>.</u> .	
Enter new mailing address, if applicable:		5425 Park Central Ct		ညာ ည		
Inter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX)		Naples, FL 34109		ယ	i	
				<u>-</u>	_	
B. If amending the registered agent and/or agent and/or the new registered office addre		address on our records,	enter the name of the	new regist	<u>tered</u>	
Name of New Registered Agent:	The Nye-Schmitz Law Firm, P.A.					
New Registered Office Address:	5425 Park Cen	tral Ct				
		Enter Florida street	oddress		_	
	Naples		Florida ³⁴¹⁰⁹			
		City	Zip Co	de		

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

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If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

12393009941

MGR = Manager AMBR = Authorized Member

Title	Name	. Address	Type of Action
MGR	Giehler, Michael N	5425 Park Central Ct	≣Add
		Naples, F1, 34109	□Remove
			□ Change
MGR	Steinwarz, Christian W	2839 COACH HOUSE WAY	
		NAPLES, FL 34105	≡Remove
			Change
		ALCOHOLOGY.	
	,		PRemove
			DChunge
			FiRemove
			[T]Change
- <u> </u>			DAdd
			□Remove
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			DAdd
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			□Change

From: Sebastian Nya-Sch

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