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bA)	dress)	
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COVER LETTER

TO: Re Di	gistration Sec vision of Corp	tion orations		
eun irzw.	Designer Re	ntal Homes, LLC		
SUBJECT:		Name of Limi	ited Liability Company	
The enclose	ed Articles of A	amendment and fee(s) are sub-	mitted for filing.	
Please retur	n all correspor	dence concerning this matter	to the following:	
		Alicia Cruz		
			Name of Person	
		Law Offices of John J. Mc	Glynn III	
			Firm/Company	
		729 SW Federal Hwy, Suit	e 102	
			Address	
		Stuart, FL 34994		
			City/State and Zip Code	
		jmcglynn@southfllawfirm.c		
		E-mail address; (t	to be used for future annual report notifi	cation)
For further	information co	ncerning this matter, please ca	all:	
Alicia Cruz	:		772 600-5115	
	Name of	Person	at ()	Telephone Number
Enclosed is	a check for the	e 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:

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

Designer Rental Homes, LLC (Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on $\frac{02/04/19}{1}$ and assigned Florida document number $\underline{L19000035036}$ This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "L.L.C." or the abbreviation "L.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address . Florida

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 Person(s) authorized to manage, <u>enter the title</u>, <u>name</u>, <u>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	Jaclyn Kulich (Change from AMBR to MGR)	11 Debby Lane	□ Add
		Warren, NJ 07059	
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. Effective date, if oth	er than the date of fili	ing:	(or	otional)
(If an effective date is liste	d, the date must be specific a	and cannot be prior to date of	filing or more than 90 days a	fter filing.) Pursuant to 605.020 this date will not be listed a
	late on the Department o		nor, ming requirement	The date with the de fision a
	s a delayed effective ter the record is filed		ective time, at 12:0	1 a.m. on the earlier o
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Dated March 27	 -	. 2019		
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Page 3 of 3

Filing Fee: \$25.00