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(Re	equestor's Name)	
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COVER LETTER

TO:	Registration Sec Division of Corp			
cun ir	CT.	SONAL RENTALS, LLC		
SUBJE	C1:	Name of Limi	ted Liability Company	
The end	closed Articles of A	Amendment and fee(s) are subt	mitted for filing.	
Please 1	return all correspon	idence concerning this matter t	to the following:	
		ANGEL D CORDOVA		
			Name of Person	
		ANGEL D CORDOVA & (
			Firm/Company	
		780 NW 42 AVENUE STE	• -	
			Address	
		MIAMI, FL		
		_	City/State and Zip Code	
		33126		
		E-mail address: (te	o be used for future annual report notifi	cation)
For fur	ther information co	ncerning this matter, please ca	II:	
ANGE	L D CORDOVA		305 444-5511 at ()	
	Name of	Person	Area Code Daytime	Telephone Number
Enclose	ed is a check for the	e following amount:		
■ \$25	5.00 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)

TO:

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

MIAMI SEASONAL RENTALS, 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 MARCH 18, 2019 and assigned This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: IRVING O. GONZALEZ, LLC 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) N/A 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: N/A Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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.

City

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>	<u>Name</u>	Address	Type of Action
	N/A		
			Remove
			☐ Change
			Add
			□ Remove
			Change
	(may 1 to may 1 to 1)		Add
			☐ Remove
			□ Remove
		Change	
		Remove	
			Change
			Remove

	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.) N/A
(If an el	tive date, if other than the date of filing:
	nent's effective date on the Department of State's records.
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: e 90th day after the record is filed.
Dated	September 16 2019.
	X XX () Symple -
	Signardre of a member or authorized representative of a member

Page 3 of 3

Typed or printed name of signee

IRVING O GONZALEZ

Filing Fee: \$25.00