L19000140571

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COVER LETTER

T(egistration Sect vision of Corpo			
CI	ID IFCT		NTALS LLC		
SU	BJECT	·	Name of Limit	ed Liability Company	
Th	e enclose	ed Articles of A	mendment and fee(s) are subn	nitted for filing.	
Ple	ease retur	n all correspond	dence concerning this matter to	o the following:	
			KARLY CAZILUS		
			 	Name of Person	
			ZIP ZAP RENTALS		
				Firm/Company	
			1164 NW 100TH AVE,		
				Address	
			PEMBROKE PINES, FL 33	3024	
				City/State and Zip Code	
			ZIPZAPRENTALS@GMAI E-mail address: (to	L.COM o be used for future annual report i	notification)
Fo	r further	information cor	ncerning this matter, please ca	11:	
ka	rly cazilı			561 370 - 566	
		Name of i	² erson	Area Code Day	rtime Telephone Number
En	closed is	a check for the	following amount:		
8	\$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

ZIF ZAF KENTALS LLC			
(Name of the Limi	ted Liability Compa (A Florida Limited l	iny as it now appears (Liability Company)	on our records.)
The Articles of Organization for this Limited L Florida document number L19000140571	iability Company	were filed on 10/23	and assigned
This amendment is submitted to amend the foll	owing:		
A. If amending name, enter the new name of	f the limited liab	ility company here	∷
JOVI RENTALS AND TRANSPORTATION LL	С		
The new name must be distinguishable and contain the v	words "Limited Liabi	lity Company," the des	ignation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applie		2200 LAKE IDA	RD
(Principal office address MUST BE A STREE	ET ADDRESS)	DELRAY BEACH	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered or registered agent and/or the new registered office address her		ffice address on o	our records, enter the namer of the ne
Name of New Registered Agent:	JOVIANE POY	YEAU	
New Registered Office Address:	2200 LAKE ID		
		Enter Florid	a street address
	DELRAY BEA	СН	, Florida 33445
		City	Zip Code

New Registered Agent's Signature, if changing Registered Agent:

71D 7 A D DENITAL CLIC

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, 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
MGR	FRANKO POYEAU	2200 LAKE IDA RD, DELRAY BEACH, FL 33445	= Add
		· · · · · · · · · · · · · · · · · · ·	□ Remove
			Change
MGR	KARLY CAZILUS	1164 NW 100 AVE PEMBROKE PINES, FL 33024	■ Add
			Remove
			Change
			Add
			□ Remove
		 	Change
		-	Add
			Remove
			Change
			Add
		·	☐ Remove
			Change
			□ Add
			□ Remove
			☐ Change

	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	
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Effect	ive date, if other than the date of filing: (optional)
If an ef Note:	fective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 of the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as ment'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 a 90th day after the record is filed.
Dated	
	Made
	Signature of a member or authorized representative of a member
	VADI V CAZILLIS
	KARLY CAZILUS