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| PICK-UP | ☐ WAIT | MAIL |
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| Certified Copies | _ Certificates | of Status |
| Special Instructions to | Filing Officer: | |
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COVER LETTER

| un irar | FANCINO | RENTAL, LLC | | |
|-----------------|---------------|--|---|---|
| SUBJECT: | | Name of Limi | ited Liability Company | |
| The enclosed | Articles of . | Amendment and fee(s) are sub- | mitted for filing. | |
| Please return | all correspo | ndence concerning this matter | to the following: | |
| | | NELSON | | |
| | | CARMENATES LAW FIF | Name of Person RM | |
| | | 1300 NW 84 CT | Firm/Company | A 8 to 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 |
| | | DORAL FL 33126 | Address | |
| • | | NELSON@CARMENATE | City/State and Zip Code SLAW.COM | |
| Zan Engelana (n | . fa | E-mail address: (o | to be used for future annual report noti | fication) |
| verson | ногнацоп с | • | 786 636 7034 | |
| | Name of | `Person | at () Area Code Daytim | e Telephone Number |
| Enclosed is a | check for th | e following amount: | | |
| ■ \$25.00 F | iling 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

TO:

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

FANCINO RENTAL, 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 $\frac{06/03/2019}{}$ and assigned Florida document number L19000147225 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 "LLC" 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 City

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, 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 |
|--------------|-----------------|----------------------|----------------|
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| MGR | , | 1,2-1,0-1,0-1 | |
| | | MIAMI FL 33172 | |
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| | | | Change |
| | LIMONGI, BLAS | 7751 NW 107 AVE #817 | |
| AMBR | | | |
| | | DORAL, FL 33178 | |
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| | er than the date of | f filing: | | (option | nal) | unnt to 604 | 5 020 |
| ffective date, if oth | d, the date must be speci | s not meet the applic | able statutory filing | requirements, this | date will r | ot be list | ted a |
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Page 3 of 3

Filing Fee: \$25.00