L19000173378

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(City/State/Zip/Phone #)
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2019 SEP 30 PN 12: 54

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COVER LETTER

Division of Co	erporations		
SUBJECT:	Lory Rent	Tals, LLC mited Liability Company	
	Amendment and fee(s) are sul	-	
r lease return all corresp	ondence concerning this matter	r to the following:	
	Lourdes	Rodriquez-	Restrepo
		Firm/Company	·
	6326 SV	N 1044 Terra	ace
		FL 33.144 City/State and Zip Code	
	Lugarestre E-mail address:	to be used for future annual report notifi	Com fication)
For further information c	oncerning this matter, please co	all:	
Lourdes Ro	arlquez-Resta	200 at (<u>305</u>) <u>951–</u> Area Code Daytime	-509] 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 (radditional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

TO:

Registration Section

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 Talkhassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Company as (A Florida Limited Liability	it now appears on our records ty Company)	<u>.</u>)
The Articles of Organization for this Limited Liability Company were Florida document number <u>L\9000\73378</u>	filed on $9-21-2$	019 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability of		
The new name must be distinguishable and contain the words "Limited Liability Con Enter new principal offices address, if applicable:	npany," the designation "LLC" o	or the abbreviation "L.L.C."
(Principal office address MUST BE A STREET ADDRESS)	N A	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	A/A	The SEF
B. If amending the registered agent and/or registered office acregistered agent and/or the new registered office address here:	ldress on our records, <u>e</u>	enter the name of the new
Name of New Registered Agent:	ALU	2
New Registered Office Address:		/
City	Enter Florida street address . Florid.	aZip Code
New Registered Agent's Signature, if changing Registered Agents		,

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 = A	uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Restrepo, lourdes	6326 Sw 10th Terrace	
•		Miani, FL 33144	Remove
			🗆 Change
MER	Rodriguez-Restrep	D, Lourdes M.	Add
		6326 SWIDTH TEFRACE	
	·	Miami, FL 33144	Change
			D Add
			_□ Remove
			_ Change
			_□ Add
			_□ Remove
	•		_□ Change
			_D Add
		·	.□ Remove
			☐ Change
			□ Add
	-	E	☐ Remove
		_	

D. If ame	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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Note: If	date, if other than the date of filing: (optional) ive 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 (3) the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the seffective date on the Department of State's records.
he recor The 90	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
Dated	
	Signature of a member or authorized representative of a member
	Lourdes M. Rodriavez-Restrepo Typed or printed game of signee

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Filing Fee: \$25.00