## 119000188395

(Re	questor's Name)	
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(Ad	dress)	
(Ad	dress)	<del></del>
(Cit	y/State/Zip/Phone #	#)
PICK-UP	☐ WAIT	MAIL
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(Bu	siness Entity Name	<del>)</del> )
(Do	cument Number)	
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## **COVER LETTER**

ARMENIA SUBJECT:	RENTAL LLC				
30bire1	Name of Lin	ited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
	RAMON SANCHEZ				
		Name of Person	<del></del>		
		Firm/Company	<del></del>		
	4600 N HABANA AVENUE, SUITE 32				
	TAMPA, FL 33614	Address			
	DRRHS@HOTMAIL.COM	City/State and Zip Code			
	E-mail address: (	to be used for future annual report notifi	cation)		
For further information c	oncerning this matter, please c	all;			
RAMON SANCHEZ		813 423-6517			
Name o	f Person	Area Code Daytime	Telephone Number		
Enclosed is a check for the	ne following amount:				
■ \$25.00 Filing Fee HCK#-1216 1/9/2019	□ \$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)		
**.**	INC ABBRECO				

MAILING ADDRESS:

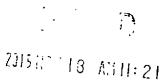
Registration Section Division of Corporations

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



ARMENIA 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 $\frac{07/21}{1}$	3/2019	and assigned
Florida document number L19000188395			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company here	<b>::</b>	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the desi	gnation "LLC" or the ab	obreviation "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)			
<u> </u>			<del></del>
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here.  Name of New Registered Agent:	<u>e</u> :	our records, <u>enter</u>	· · · · · · · · · · · · · · · · · · ·
New Registered Office Address:			
	Enter Florida	street address	-
		, Florida	Zip Code
Now Designated Agent's Signature of changing Designated Asset	City		Zip Code
New Registered Agent's Signature, if changing Registered Agent:			
I hereby accept the appointment as registered agent and agri- provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of m provided for in Ch	v duties, and I am f apter 605, F.S. Or,	familiar with and if this document is
If Char	nging Registered Agen	t. Signature of New Re	oistered 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	RAMON H SANCHEZ	4600 N HABANA AVENUE	
		(NAME) AS	
		SUITE 32	<b></b>
		TAMPA, FL 33614	Remove
			Change
AMBR	SANCHEZ PROPERTY LLC, A HOLDING COMPANY	4600 N HABANA AVENUE	Add
		SUITE 32	Aud
			Remove
		TAMPA, FL 33614	
			Change
			□ Add
			Remove
			Change
			Remove
			Change
			Add
			□ Remove
			Change
			Add
			☐ Remove
			Change

11-4111	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
Effect	ive date, if other than the date of filing:(optional)
<u>Note:</u>	tective 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 605.020 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a
aocun	nent's effective date on the Department of State's records.
ne re	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of
The	90th day after the record is filed.
	ukah
Dated	1/09/2019
	##
	Signature of a member or authorized representative of a member
	$\beta_{\alpha} = 1/\alpha$
	Apron Hugo Sanctiez  Typed or printed name of signee

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Filing Fee: \$25.00