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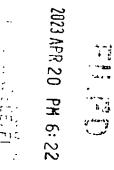
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COVER LETTER

Division of Corp	oorations		
subject: <u>AR</u>	L Rentals and C	Olecticles LLC ted Liability Company	
The enclosed Articles of A	Amendment and fee(s) are subt	nitted for filing.	
Please return all correspor	ndence concerning this matter t	to the following:	
	Andreas Wi	Name of Person	
		and Collectibles LL	<u>C</u>
	800 Belle Ter	TY PKWY SUHE	200-411
	Palm Coast,	FL 32/64/ City/State and Zip Code	
	andreas William E-mail address: (t	0.5@/LINWCAPITALENTE o be used for future annual report notif	<u>PPP/15C5.Com</u> itation)
For further information co	ncerning this matter, please ca	ill:	
Andreus Will		at (<u>386</u>) <u>844-10</u> Area Code Daytime	929 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 (additional copy is enclosed)	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

TO:

Registration Section

Mailing Address:
Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ARL Bentals and	Collectibil	los LLC			
(<u>Name of the Limited I</u> (A	<u>Liability Company</u> Florida Limited Lial	as it now appears on o pility Company)	ur records.)		
The Articles of Organization for this Limited Liabi Florida document number <u>L200009695</u>		ere filed on <u>Apri</u>	1 6,2020	and ass	igned
This amendment is submitted to amend the following	ing:				
A. If amending name, enter the new name of th	e limited liabilit	y company here:			
AMW Capital Enterprises The new name must be distinguishable and contain the word.	LLC s "Limited Liability	Company," the designa	tion "LLC" or the		L.C." ,
Enter new principal offices address, if applicable	le:			PR	
rincipal office address MUST BE A STREET ADDRESS)					
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	- 			6: 22 E. FL	Na arr
B. If amending the registered agent and/or regi		dress on our record	s, <u>enter the na</u>	me of the nev	<u>v registered</u>
Name of New Registered Agent: New Registered Office Address:	800: Belle	Williams Terry PKuy Emer Florida sur Oast			
-	<u>(</u>	<u>OWST</u> Ciny	Florida _	J&107 Zip Code	

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, <u>enter the title, name, and address of each person</u> <u>being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
			□Add
			□Remove
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f an effec <u>Note:</u> 1	the date, if other than the date of filing:
record d is file	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the d.
Dated _	April 17, 2023.
	Andriadvilliana
	Signature of a member or authorized representative of a member