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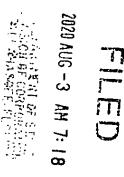
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COVER LETTER

TO:

Registration Section

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Division of Corporations Orange County Rentals LLC SUBJECT: ____ Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Juan L Rodriguez Name of Person Firm/Company 11006 WHISTLING PINE WAY Address ORLANDO, FL 32832 City/State and Zip Code Juan.rodriguez046@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Juan L Rodriguez Name of Person Enclosed is a check for the following amount: ☐ \$60,00 Filing Fee. ■ \$25.00 Filing Fee (PID \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & Certificate of Status & Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed) . Street Address: Mailing Address: Registration Section Registration Section Division of Corporations Division of Corporations The Centre of Tallahassee P.O. Box 6327 Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810 111 C + 17 1 " Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ت_

Orange County Rentals LLC		B	
(<u>Name of the Limited Liability Compar</u> (A Florida Limited L	ay as it now appears on our records.)	720 100	
(A Fioritia Elimited E	autity Company)	700	
The Articles of Organization for this Limited Liability Company	were filed on	and assigned [
Florida document number <u>L20000117860</u> .		理がまり	
- Conductive district		Carlos	
This amendment is submitted to amend the following:		8	
A. If amending name, enter the new name of the limited liabi	lity oomoony haray		
A. If amending hame, enter the new hame of the minted habi	my company here.		
The new name must be distinguishable and contain the words "Limited Liabili	ity Company," the designation "LLC" or	the appreviation "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 a agent and/or the new registered office address here:	ddress 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:			
et a de de	Enter Florida street address		
	, Floric	l., .	
	City	zip Çode	
New Registered Agent's Signature, if changing Registered Agent:			
I hereby accept the appointment as registered agent and agre	20 to get in this vangain. I book	er agree to comple with the	
т неголу авсерт то арронитень ах годімогов адоні ана адго	ж ю ассти ть сарасну, 1 зигию	a agree ar compry wan me	

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 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
AMBR	Laura Anderson	ORLANDO, FL 32832	■Add
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	specific and cannot be prior to date o does not meet the applicable stat	(optional) f filing or more than 90 days after filing.) Pursual utory filing requirements, this date will no	# nt to 605,0201
	ate, but not an effective time, at 1	2:01 a.m. on the earlier of: (b) The 90th c	lay after the
ed JUNE 1st	2020	1 0	
,	Daiera T	Musson	

Typed or printed name of signee