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COVER LETTER

Division of C	Corporations		
SUBJECT: AF Flori	da Rent, LLC		
оово <u>г</u> ст,	Name of Li	mited Liability Company	_
The enclosed Articles	of Amendment and fee(s) are su	bmitted for filing.	
Please return all corres	pondence concerning this matte	er to the following:	
	John Tallarido		
		Name of Person	
	Nation Lawyers		
		Firm/Company	
	10251 W. Oakland Park E	Blvd	
		Address	
	Sunrise, Florida 33351		
		City/State and Zip Code	
	info@nationlawyers.com		
Confort of C		(to be used for future annual report notification)	_
ror turther information	concerning this matter, please of	rall:	
John Tallarido		954 2802000 at ()	
Name	of Person	Area Code Daytime Telephone Num	ber
Enclosed is a check for	the following amount:		
■ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	Certified Copy Certific (additional copy is enclosed) Certific	Filing Fee, cate of Status & ed Copy nul copy is enclosed)
Mailing Addre Registration	Section	Street Address: Registration Section	

Registration Section
Division of Corporations
P.O. Box 6327

Tallahassee, FL 32314

Registration Section

TO:

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

AF Florida Rent, 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 July 6, 2020 _____ and assigned Florida document number L20000191887 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 _, Florida 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 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	Aram Benhamu	622 Turtle Run	
		Weston, FL 33326	Remove
			□Change
Mgr	Ahron Farache Irrevocable Living	622 Turtle Run	≣ Add
	Trust deted may 27,2021	Weston, FL 33326	
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		-	Signatur	e of a memb	er or authorize	ed representative	of a member		
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Filing Fee: \$25.00