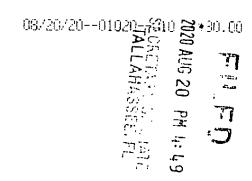
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(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificate	s of Status
Special Instructions to	Filing Officer:	
L		

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D. BRUCE OCT 0 6 2020

## **COVER LETTER**

TO:	Registration Section Division of Corporations
SUBJI	ECT: Pray And Bounce Hove Rentals Non Name of Limited Liability Company
The en	nclosed Articles of Amendment and fee(s) are submitted for filing.
Please	return all correspondence concerning this matter to the following:
	Name of Person
	Firm/Company
	11032 All Beach DIVE
	Proples 2 27/2 City/State and Zip Code
	Pizwiththe bod QAOL COM E-mail address: (to be used for future annual report notification)  There information concerning this matter, please call:
For fur	rther information concerning this matter, please call:
$\supset$	Name of Person  at (40) 481-9399  Area Code Daytime Telephone Number
Enclos	sed is a check for the following amount:
□ \$2	25.00 Filing Fee \$\square\$

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

Pay And (Name of the Limit	ted Liability Comp (A Florida Limited	any as it now appears or Liability Company)	Rentals	Near	. Mu
The Articles of Organization for this Limited L Florida document number L2(\(\sigma\)\(\sigma\)			8104/20	_ and assign	ed
This amendment is submitted to amend the foll	owing:				
A. If amending name, enter the new name o					
The new name must be distinguishable and contain the w	vords "Limited Liab	ility Company," the desig	nation "LLC" or the abbrev	viation "L.L.C	**
Enter new principal offices address, if applic		OIA	ALL	2020 AUG	
Enter new mailing address, if applicable:		MIA	HAS	20	
(Mailing address MAY BE A POST OFFICE	BOX)		က် [] []	PH 4:	<u> </u>
B. If amending the registered agent and/or ragent and/or the new registered office addre	registered office ss here:	address on our reco	· ·	f the new re	egistered
Name of New Registered Agent:	MA				
New Registered Office Address:	UIA	Enter Florida	street address		
			, Florida		
		City		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 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 Title Name Address **Type of Action** MGR Juan Rivera Holas Beach Dire Dad \_\_\_\_\_ Change MGR Choples Rivers 1600 Frey Berson Drug Dadd \_\_\_\_\_ □Change □Add □Remove □ Remove □ Change □Add \_\_\_\_\_ □Remove □Add Remove

\_\_\_\_\_ □Change

Note	effective date, if other than the date of filing:  [Great Street of The
he reco	ord 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 filed.
Dated	05/18/20
	Signature of a member or authorized representative of a member
	Committee of a memory of audionized representative of a memori
	SUAN KIVENG

Filing Fee: \$25.00