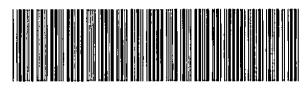
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| (Requestor's Name)                      |
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| (Address)                               |
|   |
| (Address)                               |
| (City/State/Zip/Phone #)                |
| (Only/State/Zipi) None ny               |
| PICK-UP WAIT MAIL                       |
|   |
| (Business Entity Name)                  |
|   |
| (Document Number)                       |
|   |
| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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Office Use Only



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## COVER LETTER

| TO: Registration Section Division of Corporations          |  |
|--|--|
| SUBJECT: TOID Rentals LL                                   |  |
|  | ed Liability Company   |
|  |  |
| The enclosed Articles of Amendment and fee(s) are subn     | nitted for filing.   |
| Please return all correspondence concerning this matter to | o the following:   |
| Decek P  | Name of Person   |
| Trip Rental  | S LLC<br>Firm/Company  |
| 23 Grove A   | se Cranston, R.I. 02910 Address  |
| Cramstan   | Rhode Island 29910) Chy/State and Zip Code   |
| DPCoMARITIS 45 E-mail address: (to                         | be used for future annual report notification)   |
| For further information concerning this matter, please cal |  |
| Derek Howards Name of Person                               | at ( <u>401</u> ) <u>280 5354</u>  |
| Enclosed is a check for the following amount:              | F2 12: t2  |
| \$25.00 Filing Fee \$\sum \text{Certificate of Status}\$   | ☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, ☐ Sectified Copy (additional copy is enclosed) ☐ Certified Copy (additional copy is enclosed) |
| Mailing Address:   | Street Address:  |
| Registration Section                                       | Registration Section   |
| Division of Corporations                                   | Division of Corporations The Contra of Tallahassee   |

P.O. Box 6327 Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| Trip Pental LL   |                         |
|--|-------------------------|
| (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 $\frac{1}{12}/2020$ .  | and assigned            |
| 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                                 | e 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 nagent and/or the new registered office address here: | ame of the new regist   |
| Name of New Registered Agent:  | <u>_</u>                |
| New Registered Office Address:  Enter Florida street address   | <u> </u>                |
| Florida  |                         |
| City   | Zip Code <sup>*</sup>   |

## 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 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, enter the title, name, and address of each person being ac or removed from our records:

MGR = Manager AMBR = Authorized Member

| <u>Title</u> | Name         | Address                      | Type of Actio            |
|--------------|--------------|------------------------------|--------------------------|
| MUZR         | Chhaiya Choy | 50 Alvin St Praidence IRI of | <u>19√7</u> <b>X</b> Add |
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| Effective date, if other than the date of filing:  f an effective date is listed, the date must be specific and cannot be prior to date of the Note:  If the date inserted in this block does not meet the applicable statu document's effective date on the Department of State's records. | (optional) filing or more than 90 days after filing.) Pursuant to 60 story filing requirements, this date will not be lis |
| e record specifies a delayed effective date, but not an effective time, at 12 ed is filed.  | :01 a.m. on the earlier of: (b) The 90th day after  |
| Dated August 24th 2021.   |   |
|   |   |

Filing Fee: \$25.00