# LZ1 0000 89287





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#### **COVER LETTER**

'TO:

Registration Section Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

| SUBJECT:                      | RES RENTAL LLC  Name of Lim      | in I Liability Commons                                              |                                                                                                     |
|-------------------------------|----------------------------------|---------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|
|                               | Name of Lim                      | неа Сіавину Сотрану                                                 |                                                                                                     |
| The enclosed Articles of      | Amendment and fee(s) are sub     | mitted for filing.                                                  |                                                                                                     |
| Please return all correspo    | ndence concerning this matter    | to the following:                                                   |                                                                                                     |
|                               | MISAEL MANZANARES                | S                                                                   |                                                                                                     |
|                               | _                                | Name of Person                                                      |                                                                                                     |
|                               | MAZANARES RENTAL                 | LLC                                                                 |                                                                                                     |
|                               |                                  | Firm/Company                                                        | -,                                                                                                  |
|                               | 2125 NW 50TH ST                  |                                                                     |                                                                                                     |
|                               |                                  | Address                                                             |                                                                                                     |
|                               | MIAMI, FL 33142                  |                                                                     |                                                                                                     |
|                               |                                  | City/State and Zip Code                                             |                                                                                                     |
|                               | luismontoya25@bellsouth.         |                                                                     |                                                                                                     |
|                               | E-mail address: (                | to be used for future annual report notif                           | lication)                                                                                           |
| For further information c     | oncerning this matter, please ca | all:                                                                |                                                                                                     |
| MISAEL MANZANARI              |                                  | 786 554-1351                                                        |                                                                                                     |
| Name o                        | f Person                         | at ()<br>Area Code Daytimo                                          | e Telephone Number                                                                                  |
| Enclosed is a check for the   | ne following amount:             |                                                                     |                                                                                                     |
| ■ \$25.00 Filing Fee          | _                                | ☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | ☐ \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |
| Mailing Addres Registration S |                                  | Street Address:<br>Registration Sec                                 | rtion                                                                                               |
| Division of C                 |                                  | Division of Corp                                                    |                                                                                                     |

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

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### FLORIDA DEPARTMENT OF STATE Division of Corporations

June 12, 2021

MISAEL MANZANARES 2125 NW 50TH ST MIAMI, FL 33142

SUBJECT: MAZANARES RENTAL LLC

Ref. Number: L21000089287

We have received your document for MAZANARES RENTAL LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a Foreign Limited Liability Companyy, but your entity is a Florida Limited Liability Company. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Irene Albritton Regulatory Specialist II

Letter Number: 421A00013053

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| ( <u>Name of the Limited Liabil</u><br>(A Florid                                                          | ity Company as it now appears on our rec<br>a Limited Liability Company) | cords.)                           |
|-----------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------|-----------------------------------|
| The Articles of Organization for this Limited Liability C                                                 |                                                                          | and assigned                      |
| This amendment is submitted to amend the following:                                                       |                                                                          |                                   |
| A. If amending name, enter the new name of the lim                                                        | nited liability company here:                                            |                                   |
| MANZANARES RENTAL LLC                                                                                     |                                                                          |                                   |
| The new name must be distinguishable and contain the words "Lin                                           | nited Liability Company," the designation "I                             | LLC" or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable:                                                       |                                                                          |                                   |
| (Principal office address MUST BE A STREET ADD)                                                           | RESS)                                                                    |                                   |
| Enter new mailing address, if applicable:                                                                 |                                                                          | - 22<br>H                         |
| (Mailing address MAY BE A POST OFFICE BOX)                                                                |                                                                          |                                   |
| Muning dualess MAT BE A TOST OFFICE BOLY                                                                  | 4-11-11-11-11-11-11-11-11-11-11-11-11-11                                 | 72                                |
| B. If amending the registered agent and/or registere agent and/or the new registered office address here: | d office address on our records, <u>en</u>                               | ter the name of the new registe   |
| Name of New Registered Agent:                                                                             |                                                                          |                                   |
| New Registered Office Address:                                                                            |                                                                          |                                   |
|                                                                                                           | Enter Florida street ad                                                  | dress                             |
|                                                                                                           |                                                                          | 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

| <u>Title</u> | <u>Name</u> | Address | Type of Action |
|--------------|-------------|---------|----------------|
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|              |             |         | ☐ Change       |

|                                                                                                                                                                                                                 |                                 |                                |                       |                      |                         | · <del>n</del>           |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------|--------------------------------|-----------------------|----------------------|-------------------------|--------------------------|
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|                                                                                                                                                                                                                 |                                 |                                |                       |                      |                         |                          |
|                                                                                                                                                                                                                 |                                 | <u></u>                        | -                     |                      |                         |                          |
|                                                                                                                                                                                                                 |                                 |                                |                       |                      |                         |                          |
|                                                                                                                                                                                                                 |                                 |                                |                       |                      |                         |                          |
|                                                                                                                                                                                                                 |                                 |                                |                       |                      |                         |                          |
|                                                                                                                                                                                                                 | ffective date, if other (       | han the date of filing:        |                       |                      | (optional               | )                        |
| for the day of sale was also day of filings                                                                                                                                                                     | an effective date is listed, th | nan the date of filing:        |                       |                      | topuonai                | . 1                      |
| Tective date, if other than the date of filing: (optional) an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.020 | Note: If the date inserted      | e date musi de specific and ca | nnot be prior to date | of filing or more th | ian 90 days after tilin | g.) Pursuant to 605,0207 |

Filing Fee: \$25.00