## LZI 000107537

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## **COVER LETTER**

	stration Se sion of Cor		e e e e e e e e e e e e e e e e e e e	
J SUBJECT: _		ENTAL BY IP LLC		
SOBJECT: _	<u> </u>	Name of Lin	nited Liability Company	
The enclosed i	Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return a	all correspo	ndence concerning this matter	to the following:	
		ISRAEL SANTOS		
			Name of Person	
			Firm/Company	
		1331 W 32ND ST		
		HIALEAH, FL 33012	Address	
		brianisraelsantos@yahoo.es	City/State and Zip Code	
For further info	ormation co	E-mail address: ( concerning this matter, please co	(to be used for future annual report notification)	
ISRAEL SAN			786 470-0134	
	Name of	Person	at ()	
Enclosed is a c	check for th	e following amount:		
□ \$25.00 Fil	ing Fee	■ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & □ \$60.00 Filing Certified Copy Certificate o (additional copy is enclosed) Certified Co (additional copy  Example 1	f Status & py y is enclosed) (7)
Regi: Divis P.O.	ng Address stration S sion of Co Box 632° shassee, F	ection orporations 7	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 8±0 Tallahassee, FL 32303	

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

JET SKI RENTAL BY IP LLC				
( <u>Name of the Limited Liability (</u> (A Florida Li	Company as it now appears on our records.) imited Liability Company)			
The Articles of Organization for this Limited Liability Con Florida document number L21000107537	npany were filed on 03/05/2021 a	and assigned		
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited	d liability company here:			
The new name must be distinguishable and contain the words "Limited	d Liability Company," the designation "LLC" or the abbrevia	tion "L.L.C."		
Enter new principal offices address, if applicable:				
Principal office address MUST BE A STREET ADDRES	SS)			
Enter new mailing address, if applicable:				
Mailing address MAY BE A POST OFFICE BOX)				
		<u>.                                      </u>		
2.16				
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	ffice address on our records, enter the name of t	he new register		
Name of New Registered Agent:				
		_		
New Registered Office Address:	Enter Florida street address			
	<b>5</b> 7			
	, FloridaZip	Code		
ew Registered Agent's Signature, if changing Registered A	agent:			
hereby accept the appointment as registered agent and provisions of all statutes relative to the proper and compacept the obligations of my position as registered agenceing filed to merely reflect a change in the registered of ompany has been notified in writing of this change.	plete performance of my duties, and I am famili nt as provided for in Chapter 605, F.S. Or, if thi	ar with and s d <b>as</b> ument is		

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	PABLO MORENO VILLALOBOS	280 NW 62ND AVE	<b>≣</b> Add
		MIAMI, FL 33126	□Remove
		•	□Change
AMBR	RAISEL ERNESTO TORRES MO	60 W 12TH ST APT C	<b>=</b> Add
		HIALEAH, FI. 33010	□Remove
			□Change
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Filing Fee: \$25.00