## L21000169454

| (Re                     | questor's Name)   |             |
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| PICK-UP                 | ☐ WAIT            | MAIL        |
|                         |                   |             |
| (Bu                     | siness Entity Nar | ne)         |
|                         |                   |             |
| (Do                     | cument Number)    |             |
|                         |                   |             |
| Certified Copies        | _ Certificates    | s of Status |
|                         |                   |             |
| Charles Instructions to | Fili O#:          |             |
| Special Instructions to | riling Officer:   |             |
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Office Use Only



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## **COVER LETTER**

TO:

Registration Section Division of Corporations

|   | ETANA RENTS LLC                           |  |  |
|---|---|--|--|
| SUBJECT:  | Name of Lim                               | ited Liability Company   |  |
| The enclosed Articles of  | Amendment and fec(s) are sub              | mitted for filing.   |  |
| Please return all correspo  | ondence concerning this matter            | to the following:  |  |
|   | ALEJANDRA M LOPEZ                         |  |  |
|   |   | Name of Person   |  |
|   | AES ACCOUNTING & C                        | CONSULTING   |  |
|   |   | Firm/Company   |  |
|   | 6965 PIAZZA GRANDE .                      | AVENUE SUITE 314   |  |
|   |   | Address  |  |
|   | ORLANDO, FL 32835                         |  |  |
|   |   | City/State and Zip Code  |  |
|   | admin@aesaccounting.net                   |  |  |
|   | E-mail address; (                         | to be used for future annual report notification)  |  |
| For further information c   | oncerning this matter, please ca          | all:   |  |
| Alejandra M Lopez   |   | 407 530-0958<br>at ( )   |  |
| Name o  | f Person                                  | at ()Area Code Daytime Telephone Number  |  |
| Enclosed is a check for the   | ne following amount.                      |  |  |
| □ \$25,00 Filing Fee  | S30,00 Filing Fee & Certificate of Status | □ \$55,00 Filing Fee & □ \$60,00 Filing Fee.  Certified Copy (additional copy is enclosed)  □ \$60,00 Filing Fee.  Certificate of Statu Certified Copy (additional copy is enclosed) |  |
| Mailing Addres Registration S Division of C P.O. Box 632 Tallahassee, 1 | Section<br>forporations<br>7              | Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810   |  |

RECEIVED
APR 2 8 2021

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| REYES RETANA RENTS LLC   |   |                         |
|--|---|-------------------------|
| ( <u>Name of the Limited Liability Company</u><br>(A Florida Limited Lia   | as it now appears on our records.) biblity Company) |                         |
| The Articles of Organization for this Limited Liability Company w  | ere filed on 04/12/2021                             | and assigned            |
| lorida document number 1.21000169454   |   |                         |
| his amendment is submitted to amend the following:   |   |                         |
| A. If amending name, enter the new name of the limited liabili   | ty company here:                                    |                         |
| he new name must be distinguishable and contain the words "Limited Liability                                       | v Company," the designation "LLC" or th             | e abbreviation "L.L.C." |
| Enter new principal offices address, if applicable:  |   | <u></u> 25              |
| Principal office address MUST BE A STREET ADDRESS)   |   |                         |
|  |   | PR 2                    |
|  |   | SS 19                   |
| inter new mailing address, if applicable:  |   |                         |
| Mailing address MAY BE A POST OFFICE BOX)  |   | <u> 54 - 1</u>          |
|  |   | 원동 <b>26</b>            |
| 5. If amending the registered agent and/or registered office adgent and/or the new registered office address here: | ldress on our records, enter the n                  | ame of the new registe  |
| Name of New Registered Agent:  |   | <del></del>             |
| New Registered Office Address  | 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 Changing Registered Agent, Signature of New Registered Agent

If an ending 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                          |
|--------------|------------------------------|---------------------|---|
| MGRM         | Matias Reyes Retana Peñaloza | Santiago 214 casa 2 | ⊐Add                                    |
|              |                              | CDMX - CP 10200     | ■Remove                                 |
|              |                              |                     | □Change                                 |
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| an eff<br><u>ote:</u> | ive date, if other than the date of filing:  (optional)  (octive 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 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a ent's effective date on the Department of State's records. |
|                       |   |
| is fil                |   |
| is fil                | lipril 26th 2021  |
| l is fil              | Ricards Ruys Ritors Equility  Signalure of a member of authorized representative of a member  |

Filing Fee: \$25.00