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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : CYAN CONSULTANTS INC.

Account Number : I20180000074 Phone : (321)710-2030 Fax Number : (407)650-3216

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: documents@cyancinc.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN F4RENT LLC

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Corporate Filing Menu

Tallahassee, FL 32303

COVER LETTER

	Registration Se Division of Cor			
	F4RENT LLC			
SUBJEC	.T:	Name of Liu	ited Liability Company	
The encl	osed Articles of	Address: Corrections expected by the following amount: Fee \$\begin{array}{c} \$30.00 \text{ Filing Fee}, \$\text{ Certificate of Status} & \text{ Certified Copy (additional copy is enclosed)}		
Please re	turn all correspo	ondence concerning this matter	to the following:	
		FELIPE OJEDA ROWE	Name of Limited Liability Company Indiment and fee(s) are submitted for filing, the concerning this matter to the following: FELIPE OJEDA ROWE Name of Person ARENT LLC Firm/Company 10 174TH ST 2419 Address Funny ISLES BEACH, FL 33160 City/State and Zip Code Secuments@cyancinc.com E-mail address: (to be used for future annual report notification) ming this matter, please call: 10 305 Area Code Area Code Daytime Telephone Number Idwing amount: \$30.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) Street Address: Registration Section	
			Name of Person	
		F4RENT LLC		
			Firm/Company	
		210 174TH ST 2419		
			Address	
		SUNNY ISLES BEACH,	FL 33160	
			City/State and Zip Code	
				A COLUMN TO THE PARTY OF THE PA
For furth	er information o			oxincation)
	OJEDA ROWE		305 7752869	
	Name o	of Person	Area Code Days	ine Telephone Number
Enclosed	l is a check for t	he following amount:		
■ \$25 .	00 Filing Fee	_	Certified Copy	Certificate of Status & Certified Copy
	Mailing Address			
Registration Section Division of Corporations			-	
	P.O. Box 632	27	The Centre of	Tallahassee
	Tallahassee,	rl 32314	2415 N. Moni	roe Street, Suite 810

Page: 3 of 5

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

F4RENT LLC			
(Name of the Lim	ted Liability Compa (A Florida Limited)	ny as it now appears on our r Liability Company)	ecords.)
The Articles of Organization for this Limited I Florida document number L21000190462	Liability Company	were filed on 04/30/2021	and assigned
This amendment is submitted to amend the fol	lowing:		
A. If amending name, <u>enter the new name o</u>	of the limited liab	ility company here:	
/NO CHANGE/			
The new name must be distinguishable and contain the	words "Limited Liabil	lity Company," the designation	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		/NO CHANGE/	
(Principal office address MUST BE A STRE.			
Enter new mailing address, if applicable:		/NO CHANGE/	
(Mailing address MAY BE A POST OFFICE	E BOX)		
B. If amending the registered agent and/or agent and/or the new registered office addresses		address on our records, <u>e</u>	nter the name of the new red
Name of New Registered Agent:	CYAN CONSU	JLTANTS INC	
New Registered Office Address:	III E MONUN	MENT AVE SUITE 401-12	2023
TON AND DESIGNATION OF THE PARTY.		Enter Florida street a	oddress E
	KISSIMMEE		Florida 34741-57625
		City	Zip Code
New Registered Agent's Signature, if changing	Registered Agent:		
I hereby accept the appointment as register provisions of all statutes relative to the pro			- - - · · · ·

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

03/24/2023 14:17 FROM: 3213546776-TO: Sunbiz LLC @18506176383

Page: 4 of 5

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>	Name	Address	Type of Action
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Iffective date, if other than the of an effective date is listed, the date must Note: If the date inserted in this blo locument's effective date on the De	ock does not meet the	: applicable s	of filing or more tarutory filing re	(option than 90 days after quirements, this	onal) filing.) Pursuant to date will not be	605.0207 (listed as t
record specifies a delayed effective d is filed.	: date, but not an effe	ective time, at	12:01 a,m, on t	he earlier of: (b)	The 90th day a	ifter the
	202	3				
March 20th						
Dated March 20th Felipe Died!	 ~ R					
Dated March 20th Felipe Ojed()	Z R Signature of a member	or authorized	representative of a	member		

Filing Fee: \$25.00