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## **COVER LETTER**

TO: Registration Sec Division of Corp			,
	L ENTERPRISES, LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of A	amendment and fee(s) are sub	mitted for filing.	
Please return all correspon	dence concerning this matter	to the following:	
	THEODORE D'APUZZO.	ESQ.	
		Name of Person	<del></del> _
	THE D'APUZZO LAW FI	RM	
		Firm/Company	
	2755 East Oakland Park B	lvd., Suite 303	
		Address	
	Fort Lauderdale, FL 33306	6	
		City/State and Zip Code	
	RENE.RODRIGUEZ@CA		<del>-</del> -
For further information co	neerning this matter, please ca	to be used for future annual report notif	icanon)
THEODORE D'APUZZO		954 507-4074	
		at () Area Code Daytime	Talashara Nambar
Name of	Person	Area Code Daytime	Telephone Number
Enclosed is a check for the	following amount:		
■ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address Registration S		Street Address: Registration Sec	tion
Division of Co	orporations	Division of Corp	porations
P.O. Box 6327 Tallahassee, F		The Centre of Ta 2415 N. Monroe	allahassee : Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT . TO ARTICLES OF ORGANIZATION OF

21 JUN 14 AM 9: 25

RV RENTAL ENTERPRISES, LLC	
(Name of the Limited Liability Company as (A Florida Limited Liability)	it now appears on our records.) ity Company)
The Articles of Organization for this Limited Liability Company were	e filed on May 28, 2021 and assigned
Florida document number 1.21000250512	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability of	company here:
The new name must be distinguishable and contain the words "Limited Liability Co	ompany," the designation "LLC" or the 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 agent and/or the new registered office address here:	ess on our records, enter the name of the new regis
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida
	Cuy Zıp Code
New Registered Agent's Signature, if changing Registered Agent:	
I hereby accept the appointment as registered agent and agree to provisions of all statutes relative to the proper and complete performers the obligations of my position as registered agent as provide being filed to merely reflect a change in the registered office addressment by a hour partient of this change.	formance of my duties, and I am familiar with and ided for in Chapter 605, F.S. Or, if this document is ress, I hereby confirm that the limited liability

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 added or removed from our records:

MGR = N $AMBR = A$	lanager Authorized Member		
<u>Title</u>	<u>Name</u>	Addr 21 JUN 14 AH 9: 25	Type of Action
MGR	Monique Gusmao Rodriguez	1739 Vestal Way, Cotal Springs, FL 33071	■Add
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ffectiv	ctive date is listed, the date t	he date of filing: nust be specific and cannot block does not meet the	ie applicable statute	ry filing requireme	ints, this date will no	int to 605.020 it be listed as
lote: I	f the date inserted in this nt's effective date on the	Department of State's	records.			
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Filing Fee: \$25.00