Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.

Account Number: 110432003053 Phone : (561)694-8107 Fax Number : (561)214-8442

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

| Email | Address: | |
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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN **RBM RENTALS LLC**

| Certificate of Status | 0 |
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| Certified Copy | 0 |
| Page Count | 03 |
| Estimated Charge | \$25.00 |

Electronic Filing Menu Corporate Filing Menu

Help

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| BBM Rentals LLC | | |
|---|---|--|
| (Name of the Limited Lis | ability Company as it now appears on our records.) orida Limited Liability Company) | FLORID |
| (7) TA | mad Editined Editiney Company) | <u>第三</u> Fig: |
| The Articles of Organization for this Limited Liabilit | ty Company were filed on | and assigned |
| Florida document number 1.21000266161 | | |
| orks document humoer | | |
| This amendment is submitted to amend the following | g . | |
| A. If amending name, enter the new name of the | limited liability company here: | |
| The new name must be distinguishable and contain the words " | 'Limited Liability Company," the designation "LLC" or the | abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | | |
| (Principal office address MUST BE A STREET AL | DDRESS) | |
| | | |
| | | |
| Enter new mailing address, if applicable: | | |
| (Mailing address MAY BE A POST OFFICE BOX | | |
| Francis Bulless MAT BE AT (3)1 OF FICE BOX | 2 | |
| | | ************************************** |
| B. If amending the registered agent and/or regist agent and/or the new registered office address he | tered office address on our records, enter the n | ame of the new registers |
| agent inturt the new registered times 2007-055 | <u></u> | |
| Name of New Registered Agent: | | |
| | | |
| New Registered Office Address: | Enter Florida street address | |
| | | |
| | City Florida | Zin Civle |
| | [WY | 4.41/ × 1012 |

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.

pg 3 of 4

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

⊙ 06/10/2021 12:48 PM

| <u>Title</u> | Name | Address | Type of Action |
|--------------|------------------|----------------------|----------------|
| MGR | Laura Bustanunte | 20922 SW 88th Place | ■Add |
| | | Cutler Bay, FL 33189 | □Remove |
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| prior to date of filing or more than 90 day opticable statutory filing requirement ords. | (optional) s after filing.) Pursuat ts, this date will not | nt to 605.0207 (3)(b t be listed as the |
| ve time, at 12:01 a.m. on the earlier | of: (b) The 90th o | day after the 2021 |
| · | | 2021 JUN 10 AM C. 42 SECATARY OF STATE FALLAHASSEE, FLORIDS |
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| | or authorized representative of a member | or authorized representative of a member |