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(Re	equestor's Name)	)
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PICK-UP	☐ WAIT	MAIL
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(Do	ocument Number	)
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## COVER LETTER

TO: Registration Division of	n Section Corporations	
SUBJECT:	Z Rental	s 365 LLC
		Limited Liability Company
The analogad Articlas	s of Amendment and fee(s) are s	and an internal Control
	espondence concerning this mati	
ricase return an corre	espondence concerning this man	ter to the following:
	Daniel	A Zamora Name of Person
	_ Z le	entals 365 LCC
		Firm/Company
	8840 NW	<del></del>
		Address
	Doval, 1	FL 33178 City/State and Zip Code
	_	100 amail. com  (to be used for future annual report notification)
		,
For further informatio	on concerning this matter, please	call:
Daniel	A. Zamova	at (407) 419 – 6443 (5)  Area Code Daytime Telephone Number 7
Nam	ne of Person	at (407) 419 - 6443 65  Area Code Daytime Telephone Number > 7
Enclosed is a check for	or the following amount:	II: 2u
\$25,00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55,00 Filing Fee & ☐ \$60,00 Filing Fee, Certified Copy (additional copy is enclosed) ☐ Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addr		Street Address:
	`Corporations	Registration Section Division of Corporations
P.O. Box 61 Tallahassee		The Centre of Tallahassee 2415 N. Monroe Street, Suite 810
		=

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

365 110

(Name of the Limited Liabi	ility Company as it now appears on da Limited Liability Company)	our records.)	
The Articles of Organization for this Limited Liability Florida document number	Company were filed on <u>Ju</u>		signed
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the lin	nited liability company here:		
The new name must be distinguishable and contain the words "Li	mited Liability Company," the design	nation "LLC" or the abbreviation "I	
Enter new principal offices address, if applicable:			.5
(Principal office address MUST BE A STREET ADD	PRESS)	100	
			3
Enter new mailing address, if applicable:		<u> </u>	. (
(Mailing address MAY BE A POST OFFICE BOX)		, 	<i>,</i>
		24	<del></del>
B. If amending the registered agent and/or registere agent and/or the new registered office address here:		rds, <u>enter the name of the ne</u>	w registered
Name of New Registered Agent:			
New Registered Office Address:	Enter Florida s	street address	
	<del> </del>	Florida	
	City	Zip Code	

New Registered Agent's Signature, if changing Registered Agent:

> Dontal

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 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
MGR	Zamora, Daniel I	8840 NW 103RD Pat	<b>L</b> □Add
		Doral, FL 33179	<b>X</b> Remove
			□Change
HGR	Zamora, Dariel A	8940 NW 1032D Path	<b>X</b> Add
		Doral, FL 33171	□Remove
			□Change 
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				211	
n effective date is lis ote: If the date ins	ther than the date of sted, the date must be speci serted in this block does e date on the Departme	ific and cannot be prior t s not meet the applica	o date of filing or more than ble statutory filing requi	(optional) 190 days after filing.) Pursuant to rements, this date will not be	605.02 listed
ecord specifies a d	lelayed effective date, b	out not an effective tim	ie, at 12:01 a.m. on the	earlier of: (b) The 90th day :	after th
ied_June	. 25 L	<u> </u>			