L21000315648

| (Requestor's Name) |
|---|
| (Requestors Marile) |
| (Address) |
| (*) |
| (Address) |
| |
| (City/State/Zip/Phone #) |
| |
| PICK-UP WAIT MAIL |
| |
| (Business Entity Name) |
| |
| (Document Number) |
| |
| Certified Copies Certificates of Status |
| |
| Special Instructions to Filing Officer: |
| |
| |
| J. HORNE |
| OCT 15 2022 |
| 001 13 2022 |
| |
| |

Office Use Only



300390682073

07 A-27 -011, --027 **.20.00

SECRETARY OF THE SECRET

COVER LETTER

TO:

| COLUMN TELEVISION | | | |
|----------------------------|---|-------------------------|--|
| SUBJECT: | | ited Liability Company | |
| The enclosed Articles of | Amendment and fee(s) are sub | omitted for filing. | |
| Please return all correspo | ondence concerning this matter | to the following: | |
| | DIDIER DESROULEAUX | χ. | |
| | Division of Corporations ZABELLA RENTALS LLC Name of Limited Liability Company Seed Articles of Amendment and fee(s) are submitted for filing. um all correspondence concerning this matter to the following: DIDIER DESROULEAUX Name of Person ZABELLA RENTALS LLC Firm/Company 3661 W FORGE RD Address DAVIE, FL 33328 City/State and Zip Code DIDER@ZABELLA COM E-mail address: (to be used for future annual report notification) or information concerning this matter, please call: DESROULEAUX Name of Person Area Code District Code District Code E-mail address: OF Filing Fee S 30.00 Filing Fee & Certificate of Status & Certified Copy (additional copy is enclosed) Certificate of Status & Registration Section Division of Corporations 1.0. Box 6327 The Centre of Tallahassee | | |
| | ZABELLA RENTALS LI | .C | |
| | | Firm/Company | |
| | closed Articles of Amendment and fee(s) are submitted for filing. return all correspondence concerning this matter to the following: DIDIER DESROULEAUX | | |
| | | Address | |
| | DAVIE, FL 33328 | | |
| | | City/State and Zip Code | |
| | • | | |
| For further information c | | · | cation) |
| DIDIER DESROULEA | | 954 560-0234 | |
| Name (| d Person | Area Code Daytime | Telephone Number |
| Enclosed is a check for t | he following amount: | | |
| □ \$25.00 Filing Fee | | Certified Copy | Certificate of Status & Certified Copy |
| | | | tion |
| - | | | |
| | | The Centre of Ta | allahassee |
| Tallahassee, | F1. 32314 | 2415 N. Monroe | Street, Suite 810 |

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

OF

ZABELLA RENTALS LLC

2022 JUL 12 AM 10: 59 (Name of the Limited Liability Company as it now appears on our records SELL (A Florida Limited Liability Company)

| | and, wanipuny) | |
|--|--|--|
| The Articles of Organization for this Limited Liabili | ity Company word Flad 7/9/202 | 1 |
| Florida document number L21000315648 | my company were filed on | and assigned |
| | - | |
| This amendment is submitted to amend the followin | 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 designa | ation "LLC" or the abbreviation "LLC" |
| Enter new principal offices address, if applicables | | and address all the E.E.C. |
| | | |
| (Principal office address MUST BE A STREET AL | ODRESS) | |
| | | |
| | | |
| Enter new mailing address, if applicable: | | |
| (Mailing address MAY BE A POST OFFICE BOX | ገ | |
| | | |
| | | |
| B. If amending the registered agent and/or registon agent and/or the new registered office address her | ered office address on our record | le onto-ska |
| agent and/or the new registered office address her | e: | is, enter the name of the new register |
| | | |
| Name of New Registered Agent: | | |
| | | |
| New Registered Office Address: | | |
| | Enter Florida stre | eet address |
| | | . Florida |
| V. D. | City | , Florida Zip Code |
| New Registered Agent's Signature, if changing Registe | ered Agent: | |
| hereby accept the appointment as registered and | | |

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 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 | Raymonde Charlier | 3661 W Forge Rd, Davie, FL 33328 | ≣ Add |
| | | | □Remove |
| MGR | Mario Nicolas | | □Change |
| | | 3661 W Forge Rd, Davie, FL 33328 | =Add |
| | | | □Remove |
| | | | □Change |
| | | | 🗆 Add |
| - | ~. | | □ Rетюче |
| | | | □Change |
| | | | □Add |
| | | □Remove | |
| | | | □Change |
| | | | 🗆 Add |
| | | □Remove | |
| | | | □Change |
| | | | □Add |
| r. | | | □Remove |
| | | | □Change |

| | | | ·································· | |
|---|---|--|---|---------------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| · | | | | |
| | | | | |
| | | | | |
| | · | | ********** | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| ffective date, if other than the care effective date is listed, the date must solve. If the date inserted in this blook ocument's effective date on the Dep | he specific and cannot be prior t ak does not meet the applica | o date of filing or more than the statutory filing require | (optional) 0 days after filing.) Pursuant to 605 ments, this date will not be liste | i.0207 i ed as i |
| record specifies a delayed effective I is filed. | date, but not an effective tin | ne, at 12:01 a.m. on the ea | rlier of: (b) The 90th day after | r the |
| ated | 2022 | | | |
| | | | ~ | |
| | | ") | | |

Filing Fee: \$25.00

Typed or printed name of signce