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COVER LETTER

TO:

Registration Section

Tallahassee, FL 32314

Div	ision of Corp	oorations		
CUDIECT.		SLINGSHOT RENTAL OF V	OLUSIA, LLC	
SUBJECT:		Name of Lin	nited Liability Company	
The encloses	d Articles of A	Amendment and fec(s) are sub	omitted for filing.	
Please return	all correspon	idence concerning this matter	to the following:	
		MARICELI SEGARRA		
			Name of Person	
		JPR ACCOUNTING LLC		
			Firm/Company	
		2751 ENTERPRISE RD,	SUTE 209	
			Address	
		ORANGE CITY, FL 3276	53	
			City/State and Zip Code	
		JPR_OCFL@ICLOUD.CO	M to be used for future annual report no	
For further in	aformation co	neerning this matter, please c	•	micationy
MARICELI		meering this matter, prease e		
MARICELI			386 216-4936 at () Area Code Dayti	
	Nume of	Person	Area Code Dayti	me Telephone Number
Enclosed is a	check for the	e following amount:		
₩ \$25.00 F	Filing Fee	☐ \$30.00 Filing Fec & 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)
	iling Address	-	Street Address:	
-	gistration So vision of Co		Registration S Division of Co	
). Box 6327		The Centre of	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

FILED 2024 OCT 30 PM 1: 43

FLORIDA SLINGSHOT RENTAL OF VOLUSIA, LLC

(Name of the Limited Liability Company as it now appears on our records.) At I for the Company of the Limited Liability Company)

The Articles of Organization for this Limited Liab Florida document number 1.21000334042		2021 and assigned
This amendment is submitted to amend the follow		
A. If amending name, enter the new name of t	the limited liability company here:	
The new name must be distinguishable and contain the wor	rds "Limited Liability Company," the desig	nation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applical	ble:	
(Principal office address MUST BE A STREET	ADDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO B. If amending the registered agent and/or reg	<u>o.x)</u>	rds, enter the name of the new registered
agent and/or the new registered office address	here:	and the same of the second control
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida	street address
		, Florida
	City	Zip Code

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.

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
AMBR	HECTOR MONTALVO	597 E OAKWOOD AVE	□Add
		ORANGE CITY, FL 32763	□Remove
			Change
AMBR	ELIZABETH FIGUEROA	597 E OAKWOOD AVE	
		ORANGE CITY, FL 32763	□Remove
			Change
AMBR	BRANNON GUERRERO	597 E OAKWOOD AVE	
		ORANGE CITY, FL 32763	□Rcmove
			□Change
MGR	BRYAN FIGUEROA	3189 YARMOUTH AVE	□ Add
		DELTONA, FL 32738	\overline Remove
			
		·	
			□Remove
			□Change
			□Add
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L'ffection date if athers the de	10/23/2024			
(If an effective date is listed, the date must be	ate of filing:e specific and cannot be prior to	o date of filing or more than	(optional) 90 days after filing.) Pursuant to 6	05.02 07 (3
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