Torida Department of State

Division of Corporations **Electronic Filing Cover Sheet**

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A. LUNT

Electronic Filing Menu

Corporate Filing Menu

Help

TO:

Registration Section

From: Janet Koh

COVER LETTER

Division of C MF REN	orporations TALS MIAMITLC				
SUBJECT: Name of Limited Liability Company					
The enclosed Articles	of Amendment and fee(s) are sub	mitted for filing.			
Please return all corres	pondence concerning this matter	to the following:			
	Cheyenne Moseley				
	Legalzoom.com. Inc.	Name of Person			
		Firm/Company			
	101 N Brand Blvd 11th Fl				
		Address			
	Glendale, CA 91203				
	info@mfrentalsmiami.com	City/State and Zip Code			
	E-mail address: (to be used for future annual report no	dification)		
For further information	n concerning this matter, please co	all:			
Cheyenne Moseley		800 773-0888			
Name	e of Person	at ()	me Telephone Number		
Enclosed is a check for	r the following amount:				
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed		
MA	ILING ADDRESS:	STREET/COU	RIER ADDRESS:		

Registration Section Division of Corporations

P.O. Box 6327 Tallahassee, FL 32314 Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ME RENTALS MIAMILLO	
(Name of the Limited Liability Company (A Florida Limited Lia	as it now appears on our records.) ability Company)
The Articles of Organization for this Limited Liability Company w Florida document number <u>L21000342207</u>	vere filed on 07/28/2021 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabili	ty company here:
The new name must be distinguishable and contain the words "Limited Liability	Company," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:	P 0.17 F
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable:	50: 17
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered office address here: Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida
New Registered Agent's Signature, if changing Registered Agent:	
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as probeing filed to merely reflect a change in the registered office a company has been notified in writing of this change.	erformance of my duties, and Lam familiar with and covided for in Chapter 605, F.S. Or, if this document is

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

Title	Name	Address	Type of Action
MGR	Angel Gutierrez	15628 SW 95 St. Miami, FL 33196	
			☐ Remove
		w	Change
MGR	MGR MARRERO, DANIEL A		Add
			☐ Remove
		15628 SW 95 St. Miami, FL 33196	■ Change
MGR	MGR FIORAVANTI, CLARISSA		
			□ Remove
	15628 SW 95 St. Miami, FL 33196	■ Change	
			□ Remove
			Change
			□ Remove
		Change	
			Add
		·	☐ Remove
			☐ Change

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Typed or printed name of signee

Signature of a member or authorized representative of a member

Filing Fee: \$25.00

A Company by April 18 April 1999

Clarissa Fioraventi