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(Ad	ldress)	
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(Ĉi	ty/State/Zip/Phone	e #)
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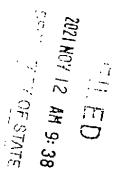
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	. ,	COVER LETTER	
FO: Registration S Division of Co			
	Torrus Ren	tal	
SUBJECT:		ited Liability Company	
The enclosed Articles o	f Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	oondence concerning this matter	to the following:	
	To	ory Glinton	
		Name of Person	
		Firm/Company	
	1368 E	Bering Road	
		Address	-
	Wesley Ch	apel, Florida, 335	543
	Torrusre	city/State and Zip Code entals@gmail.o	com_
For further information	concerning this matter, please c	•	
Tory Gl	inton	at (<u>813</u>) 797-8	3247
Name	of Person	Area Code Daytime	Telephone Number
Enclosed is a check for	the following amount:		
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address:
Registration Section
Division of Corporations P.O. Box 6327

Street Address: Registration Section Division of Corporations The Centre of Tallahassee

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Torrus Re		
(Name of the Limited Liability Compa (A Florida Limited I		
The Articles of Organization for this Limited Liability Company L21000409750	were filed on09/24/2021 and	assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab Torrus Rentals LLC		
The new name must be distinguishable and contain the words "Limited Liabil	hty Company." the designation "LLC" or the abbreviation N.A.	n"L.L.C."
Enter new principal offices address, if applicable:	IN.A.	
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N.A.	
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the name of the	new registered
Name of New Registered Agent:	NA.	· · · · · · · · · · · · · · · · · · ·
New Registered Office Address:	5.6	ა - ქნ
	Enter Florida street address Florida	1 0
	City 1 Ep C	8
and the second second second second second	711	

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>	Name	Address	Type of Action
	· · · · · · · · · · · · · · · · · · ·		□ Add
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			□ Remove
			[] Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) 11/09/2021 E. Effective date, if other than the date of filing: _ (optional) (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed. November 9th Signature of a member or authorized representative of a member Tofy Glinton

Typed or printed name of signee