## h21000451837

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2021 NOV -8 PM 1: 15

## **COVER LETTER**

TO: Registration of Division of	on Section f Corporations		
	RENTAL & DéCOR "LLC"		
SUBJECT:	Name of I	Limited Liability Company	
The enclosed Article	es of Amendment and fee(s) are s	submitted for filing.	
Please return all cor	respondence concerning this mat	tter to the following:	
	Carmen I Rivera Herna	andez	
	<del></del>	Name of Person	
		Firm/Company	
	3547 Debois Ct		
		Address	
	Kissimmee, FL 34744		
	10020	City/State and Zip Code	
	babycarmen1983@yaho E-mail addres	ss: (to be used for future annual report notification)	
For further informat	tion concerning this matter, pleas		
Carmen I Rivera Ho	ernandez	321 960-0689 at ()	
N	ame of Person	Area Code Daytime Telephone Number	_ <del>_</del>
Enclosed is a check	for the following amount:		
■ \$25.00 Filing F	ee S30.00 Filing Fee & Certificate of Status		of Status & opy
<u>Mailing A</u> Registrat	ddress: tion Section	Street Address: Registration Section	
_	of Corporations	Division of Corporations	
P.O. Box		The Centre of Tallahassee	
i allahass	see, FL 32314	2415 N. Monroe Street, Suite 810	

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2021 NOY -8 PM 1: 15

A & Y RENTAL & DA©COR "LLC"

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited L		18, 2021 and assigned			
Florida document number L21000451837					
This amendment is submitted to amend the following	owing:				
A. If amending name, enter the new name o	of the limited liability company here:				
AY Rental & Decor LLC					
The new name must be distinguishable and contain the	words "Limited Liability Company," the designat	ion "LLC" or the abbreviation "L.L.C."			
Enter new principal offices address, if applic	cable:				
(Principal office address MUST BE A STREI	ET ADDRESS)				
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE  B. If amending the registered agent and/or agent and/or the new registered office addre	registered office address on our record	s, enter the name of the new registered			
	Carmen I Rivera Hernandez				
Name of New Registered Agent:					
New Registered Office Address:	_				
	Enter Florida street address				
	City	, Florida Zip Code			
	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 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
AP	Miguel A Rivera Lebron	3547 Debois Ct	
		Kissimmee, FL 34744	■Remove
			□Change
AP	Analis I Rivera Hernandez	3547 Dehois Ct	□Add
		Kissimmee, FL 34744	≣Remove
			□Change
AP	Yasiel M Rivera Hernandez	3547 Debois Ct	
		Kissimmee, FL 34744	■Remove
			□Change
AP	Yajaira Hemandez	3547 Debois Ct	□Add
		Kissimmee, FL 34744	■Remove
		<del></del>	□Change
			□ Add
			□Remove
			□Change
<del></del>			□ Add
			□Remove
			□Change

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		<del></del>				
ffective date, if other than the	date of filin	ıg:			_ (optional)	
an effective date is listed, the date mu lote: If the date inserted in this b	st be specific and lock does not 1	d cannot be prior meet the applica	to date of filing able statutory :	or more than 90 d filing requireme	ays after filing.) Purs nts, this date will	suant to 605.0207 anot be listed as t
ocument's effective date on the D	epartment of S	State's records.				
record specifies a delayed effective	ra data but not	t an affactiva tir	ma at 12:01 a	m on the earli	un of (L). The OOs	h day a4 41
is filed.	e date, put no	t an effective to	me, at 12.01 a	m. on the carne	roi: (b) The 90t	n day after the
October 28		2021				
ated		,	_·			
	1	1.		)		

Filing Fee: \$25.00

Typed or printed name of signee