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ECRETARY OF STATE
TALL THE COMPANY OF STATE

Y. SCOTT JAN 2 9 2022

COVER LETTER

TO: Registration S Division of Co				.	
KATIA RE	ENTALS LLC				
SUBJECT:	Name of Lin	nited Liability Company			
The enclosed Articles of	Amendment and fee(s) are su	honited for Glina			
	ondence concerning this matter				
	КАПА SUAREZ CABR	ERA			
		Name of Person		2022 SECT	-q-
		Firm/Company			
	5351 WINEWOOD DR	, .		2022 JAN 24 PM 3: 19 SECRETARY OF STATE TALLAHASSEE, FL	TILEU
		Address		F S	C
	SARASOTA, FL 34232			FL TATE	
		City/State and Zip Code		1	
		to be used for future annual report notifi	cation)		
For further information e	oncerning this matter, please c	all:			
KATIA SUAREZ CABR	LERA	941 284-1587			
Name of	Person		Telephone Number		
Enclosed is a check for th	e following amount:				
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified (e of Status &	
Mailing Address Registration S		<u>Street Address:</u> Registration Sect	ion		
Division of Co		Division of Corne			

P.O. Box 6327 Tallahassee, FL 32314 Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

KATIA RENTALS		
(<u>Name of the Limited Liability Compa</u> (A Florida Limited)	ny as it now appears on our records. Liability Company)	
The Articles of Organization for this Limited Liability Company	were filed on 01/07/2022	and assigned
florida document number 1.22000016579		
his amendment is submitted to amend the following:		
x. If amending name, enter the new name of the limited liab	ility company here:	
he new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LEC" (
Enter new principal offices address, if applicable:		022 J
Principal office address MUST BE A STREET ADDRESS)		AN
		72 72
ater new mailing address, if applicable:		E ST
Mailing address MAY BE A POST OFFICE BOX)		31/ 19
If amending the registered agent and/or registered office agent and/or the new registered office address here:	iddress on our records, <u>enter th</u>	e name of the new regist
gent and/or the new registered office address nere.		
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Flor	ida Ziv 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

1f 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	KATIA SUAREZ CABRERA	5351 WINEWOOD DR	□Add
		SARASOTA, FL 34232	□Remove
			⊠ Change
			□Add
			CC 2022 JAN □Chante
			\$ 2 -
			SSESTATE GREMOVE
			Change
			□Add □Remove
			□ Remove
			□Change
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			□Remove

	OOD DR, SARASOTA FL 34231
	500 DR, 5ARAS(1A FE 3423)
	
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tive date, if other than the date of filing:	(optional)
ductions data to listed the data assemble on the	filing or more than 40 days offer titing \ D.
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nent's effective date on the Department of State's records. rd specifies a delayed effective date, but not an effective time, at 12:	:01 a.m. on the earlier of: (b) The 90th day a
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Filing Fee: \$25.00