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TALLAHASSEE, FLORIDA

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COVER LETTER

TO :	Registration Section Division of Corpo	on rations		•
	ORLANDO C	ONFIDENTIAL RENTALS เป็	o o o	· · · · · · · · · · · · · · · · · · ·
SUBJEC	T:	Name of Limited	Liability Company	
The encl	osed Articles of Ar	nendment and fee(s) are submit	ted for filing.	
Please re	nurn all correspond	ence concerning this matter to t	he following:	
		ADALGISA GUERRERO		
			Name of Person	
		ORLANDO CONFIDENTIA	L RENTALS LLC	
			Firm/Company	
		3460 N GOLDENROD RD U	103 TINL	
			Address	
		WINTER PARK, FLORIDA	32792	
			City/State and Zip Code	
		ADAUNVEILED@GMAIL.C	COM	
		E-mail address: (to	be used for future annual report no	Offication)
For fur	ther information co	ncerning this matter, please call	1:	
ADAL	GISA GUERRERO	O	407 927-0078 at () Area Code Days	
	Name of	Person	Area Code Dayı	ime Telephone Number
Enclos	sed is a check for th	c following amount:		
	25.00 Filing Fee	S30.00 Filing Fee & 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)

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

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ORLANDO CONFIDENTIAL RENTALS L	LC	ZZ JUN 17
(Name of the Limited Liabili	ty Company as it now appears on our record	
The Articles of Organization for this Limited Liability C Florida document number $\frac{L22000066024}{L12000066024}$ This amendment is submitted to amend the following:	Company were filed on 01/24/2022	N 17 Pre 5: 49 HOSSEE, and ORID,
A. If amending name, <u>enter the new name of the lim</u>	ited liability company here:	
The new name must be distinguishable and contain the words "Lin	nited Liability Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDI		
Fuencia de la constitución de la		
Enter new mailing address, if applicable:	•	
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registere agent and/or the new registered office address here:	d office address on our records, <u>enter</u>	the name of the new registered
Name of New Registered Agent:	 -	
New Registered Office Address:		
	Enter Florida street address	,
	, Flo	orida
	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.

A

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
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AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AR	LENNY MARTINEZ	3640 N GOLDENROD RD UNIT 103	🗀 Add
		WINTER PARK, FL 32792	■Remove
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