L22000164223

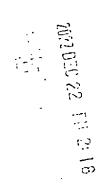
(Requestor's Name)
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	Registration Se Division of Cor						
eunurc	KO RENTA	ALS LLC					
SUBJEC	1:						
The enclo	osed Articles of	Amendment and fee(s) are sub	omitted for filing.				
Please ret	urn all correspo	ondence concerning this matter	to the following:				
		Christopher R. O'Brien, E.	sq.				
			Name of Person	· · · · · · · · · · · · · · · · · · ·			
		~~1					
			Firm/Company				
	7777 DEG 2						
			Address				
		Naples, FL 34109					
		· · · · · · · · · · · · · · · · · · ·	City/State and Zip Code				
		cobrien@lawfirmnaples.co		d			
			to be used for future annual report no	tification)			
For further	er information e	oncerning this matter, please c	all:				
Christopl	her R. O'Brien		239 325-4070				
	Name o	f Person		me Telephone Number			
Enclosed	is a check for th	ne following amount:					
≘ \$25.0	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 Addres		Street Address:	ection			
Registration Section Division of Corporations			Registration Section Division of Corporations				
P.O. Box 6327 Tallahassee, FL 32314			The Centre of				
			2415 N. Monr	oe Street, Suite 810			

Tallahassee, FL 32303

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TO ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L22000164223</u> .	were filed on April 6, 2022	and assigned
this amendment is submitted to amend the following:		
a. If amending name, enter the new name of the limited liab	ility company here:	
		20%
he new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or the	· ·/
Inter new principal offices address, if applicable:	27300 Hickory Boulevard	, -(C)
rincipal office address MUST BE A STREET ADDRESS)	Bonita Springs, FL 34134	1/2
		
		5
nter new mailing address, if applicable:	54 NEW HYDE PARK ROAD	- B
Mailing address MAY BE A POST OFFICE BOX)	GARDEN CITY NY 11530	
<u></u>		
3. If amending the registered agent and/or registered office a	address on our records, enter the na	me of the new regi
gent and/or the new registered office address here:		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	

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.

City

Florida _

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11 amenuing Authorized rerson(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
AMGR	LEGAL 1031 EAT HOLDINGS, L	445 Broad Hollow Road	□Add
		Suite 25	≣Remove
		Melville, NY 11747	□Change
AMGR	Joseph Onorato	27300 Hickory Boulevard	≣ Add
		Bonita Springs. FL 34134	□Remove
		·	□Change
			□Àdd
			□Add 122 □Remove
			□Change
			□ <u>Ā</u> dd
			□Remove
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ective date, if other than the defective date is listed, the date must	ate of filing:		1	.1 .00 .1	_ (optiona	ıl)	(05.02
e: If the date inserted in this bloo	k does not meet t	he applicabl					
ument's effective date on the Dep	artment of State's	records.					
cord specifies a delayed effective i filed.	date, but not an ef	fective time	, at 12:01 a.n	n. on the earlie	er of: (b)	The 90th c	lay after ti
November 28	. 20	22					
DocuSigned by:							
hou de Ou arata	ignature of a memb	ne or authori-	ud sammanantus	ive of a month.			

Filing Fee: \$25.00