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COVER LETTER

TO: Registration S Division of Co			
SUBJECT:	TOI Rend	als LLC	
	Name of Limi	ited Liability Company	
The control And the	£4111		
The enclosed Articles o	f Amendment and fee(s) are sub-	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Cedri	C Rivera Name of Person	
Name of Person TOIR entals LLC Firm/Company 9455 Barnstahle Place Address Orlando FL 32927 City/State and Zip Code Cedricrivera told quail con E-mail address: (to be used for future annual report notification)			
	8455 Ba	rnstable Address	Place.
	Orland	City/State and Zip Code	27
	COOLIC E-mail address: (t	rivera + 01 A	Dquail com
For further information	concerning this matter, please ca	all:	
Codric Name	RIVEra of Person	at (402) 2/9- Area Code Daytime	1759 Telephone Number
Enclosed is a check for	_		
\$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 Addre Registration		<u>Street Address:</u> Registration Sec	rtion

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

The Articles of Organization for this Limited Liability Company were filed on _ Florida document number 1220001/835/ This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited 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 ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office 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.

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>	<u>Address</u>	Type of Action
MGR	Cedric Rivera		□Add
			□Remove
		·	(D) Change
AMBR	Janira Torres		□Add
			□Remove
			Change
			□Remove
			☐ Change
			
			□Remove
			☐Change
		-	□Add
			□Remove
			□Add
			□ Remove

Effective date, if other than the date of filing:	
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.) Pursuan Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not document's effective date on the Department of State's records.	
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e record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th date	
rd is filed.	iy after th
Dated <u>July //</u> . <u>2022</u> . Signature of a member or authorized representative of a member	
Ceduc 13-	
Signature of a member or authorized representative of a member Coloric Rivera Typed or printed name of signee	_

Filing Fee: \$25.00