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	(Business Entity Name)
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Special Instructions	to Filing Officer:
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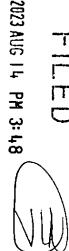
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COVER LETTER

Registration Section

Division of Corporations

TO:

	ury Rentals LLC			
SUBJECT:	Name of Lin	nited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	Mercedes Clarke			
		Name of Person		
	Mercy Luxury Rentals LL	С		
		Firm/Company		
	11806 Bruce B Downs Blv	vd ste 1006		
		Address		
	Tampa, Fl 33612			
	-	City/State and Zip Code		
	mercy@mercyluxuryrentals			
	E-mail address; (to be used for future annual report not	ification)	
For further information e	oncerning this matter, please c	all:		
Mercedes Clarke		813 468-9196		
Name o	f Person	Area Code Daytin	ne Telephone Number	
Enclosed is a check for the	he following amount:			
■ \$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)	
<u>Mailing Addres</u> Registration S		Street Address: Registration Se	ection	
Division of Corporations		Division of Cor	rporations	
P.O. Box 632			The Centre of Tallahassee	
Tallahassee, FL 32314		2410 N. Monro	2415 N. Monroe Street. Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Mercy Luxury Rentals 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 Liability Company were filed on <u>July 19, 2022</u> and assigned Florida document number $\underline{L22000320820}$ 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 "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) 11806 Bruce B Downs Blvd ste 1006 Enter new mailing address, if applicable: Tampa, Fl 33612 (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: Mercedes Clarke Name of New Registered Agent: 11806 Bruce B Downs Blvd ste 1006 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.

City

monces de

Tampa

f Changing Registered Agent. Signature of New Registered Agent

Enter Florida street address

______, Florida 33612 Zip Code

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

or removed from our records:		
MGR = Manager		
AMBR = Authorized Member		

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
			□Change
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. Effecti	ve date, if other than the date of filing: (optional)
Note:	ve date, if other than the date of filing:
the record	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the ed.
Dated .	August 10th 2023
	August 10th 2023 Global Signature of a member or authorized representative of a member
	Mercedes Clarke
	Typed or printed name of signee

Filing Fee: \$25.00