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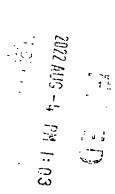
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COVER LETTER

Div	ision of Corp	orations			
SUBJECT:	Nylo Rentals		• •	•	
30 20 2011		Name of Limited Liability Company icles of Amendment and fee(s) are submitted for filing. correspondence concerning this matter to the following: Drew Knowles			
The enclosed	Anticles of A	mendment and fee(s) are sub	mitted for filing.		
Please return	all correspon	dence concerning this matter	to the following:		
		Drew Knowles			
			Name of Person		1
			Firm/Company		
		11627 NW 11th Street			
			Address	· ··· · · · · · · · · · · · · · · · ·	
		Pembroke Pines, FL, 3302	6		
			City/State and Zip Code		
		= :			
		E-mail address: (to be used for future annual	report notification))
For further in	nformation co	ncerning this matter, please ca	all:		
Drew Know	les			3-1252	
	Name of	Person	at () Area Code	Daytime Teleph	ione Number
Enclosed is a	check for the	following amount:			
□ \$25,00 F	Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55,00 Filing Fee Certified Copy (additional copy is end		\$60,00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Mai	iling Address	:	Street A	ddress:	

TO:

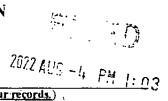
Registration Section

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**

Nylo 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 7/28/2022 and assigned Florida document number L22000333073
This amendment is submitted to amend the following:
A. If amending name, enter the new name of the limited liability company here:
Nylo Enterprises LLC
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:
Enter Florida street address
, Florida
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.

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>	Address	Type of Action
			□ Add
			□Remove
			□ Change
			□ Add
			□Remove
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