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(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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al Instructions to Filing Officer.

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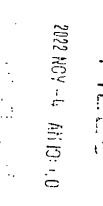
A. RIVERS

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COVER LETTER

Registration Section Division of Corporations

ECT:	E-Board Rentals	8 LLC					
		ited Liability Company					
closed Articles of	Amendment and fee(s) are sub	mitted for filing.					
return all correspo	ondence concerning this matter	to the following:					
		PAOLA A DIAZ					
		Name of Person					
	****	Firm/Company					
		135 Weston Road #279					
	Address Weston, Fl 33326						
	City/State and Zip Code						
		5@hotmail.com	· · · · · · · · · · · · · · · · · · ·				
ther information c	e-mail address: (to be used for future annual report no all:	uncation)				
Paola D	Diaz	at (<u>954</u>) 687-81	85				
Name o	t Person	Area Code Daytii	ne Telephone Number				
ed is a check for the	he following amount:						
5.00 Filing Fee	□ \$30.00 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 Tallahassee, FL 32314		Street Address: Registration Se Division of Co The Centre of 2415 N. Monra Tallahassee, F	orporations Tallahassee oe Street, Suite 810				

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

E-Board Rentals LLC

(Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited Liability Company)

locument number	
endment is submitted to amend the following:	
tending name, enter the new name of the limited	liability company here:
ame must be distinguishable and contain the words "Limited I	.iability Company," the designation "L.L.C" or the abbreviation "L.L.C."
ew principal offices address, if applicable:	135 Weston Road Suite 279
al office address MUST BE A STREET ADDRESS	Weston, Fl 33326
ew mailing address, if applicable:	135 Weston Road Suite 279
eaddress MAY BE A POST OFFICE BOX) nending the registered agent and/or registered off	Weston, Fl 33326 Tice address on our records, enter the name of the new registered
eaddress MAY BE A POST OFFICE BOX) Lending the registered agent and/or registered off	
nending the registered agent and/or registered office address here: Name of New Registered Agent:	
eaddress MAY BE A POST OFFICE BOX) nending the registered agent and/or registered office address here:	ice address on our records, enter the name of the new registered
nending the registered agent and/or registered office address here: Name of New Registered Agent:	Enter Florida street address City Florida City Enter Florida Street address

ading Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added ioved from our records: = Manager R = Authorized Member Type of Action Address <u>Name</u> □∧dd ____ □Remove _____ □Add __ ___ □Remove _____ □Change ______ Remove _____ □Remove _____ Change _____ □Remove

ADD EIN NUMI	BER: 88-400	17996			
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e date, if other than the tive date is listed, the date in fithe date inserted in this nt's effective date on the	ust be specific an- block does not i	id cannot be prior t meet the applica	o date of tiling or m	(option ore than ^o 0 days after f g requirements, this	iling,) Pursuant to 605.020
specifies a delayed effect d.	ive date, but no	t an effective tin	ne, at 12:01 a.m.	on the earlier of; (b)	The 90th day after the
CCTOBER	25	2022	<u> </u>		
,					

Filing Fee: \$25.00