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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : TAX ZONE INC. Account Number : I20190000044

Phone : (407)888-3131

Fax Number

: (888)453-0509

nter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.**

Email Address: Accountant a) taxzoneft. Con

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN .AMADOR AIR BNB-LLC

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COVER LETTER

TO: Registration S Division of Co		•		₿.
SUBJECT: AMADOR	AIR BNB LLC			ù,
SUBJECT: 5	Name of Lim	ited Liability Company		
	Amendment and fee(s) are sub		·	
		· ·		
	ED KOTLER			
		Name of Person	· · · · · · · · · · · · · · · · · · ·	
	TAX ZONE INC			
	***	Firm/Company		
	8865 COMMODITY CIR	STE 4		
		Address		
	ORLANDO, FL 32819		•	
	ACCOUNTANT@TAXZO	City/State and Zip Code		
	E-mail address: (to be used for future annual re	eport notification)	
For further information of	concerning this matter, please c	ali:		
ED KOTLER			-3131	
Name o	of Person	Area Code	Daytime Telephone Nu	mber
Enclosed is a check for t	he following amount:			
S25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is ench	Cert	00 Filing Fee, ificate of Status & ified Copy timal copy is enclused)
Malling Address	is:	Street Ade	dress:	

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

AMADOR AIR BNB LLC		
(Name of the Lit	nited Liability Company as it now appears on our (A Florida Limited Liability Company)	records.)
The Articles of Organization for this Limited Florida document number L22000503512	Liability Company were filed on 11/29/2022	and assigned
This amendment is submitted to amend the fo	llowing:	
A. If amending name, enter the new name	of the limited liability company here:	
AMADOR RENTALS LLC		
The new name must be distinguishable and contain the	words "Limited Liability Company," the designation	n "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if appl	TOT INDEPEN	
Enter new mailing address, if applicable:		ente determinis delen
(Mailing address MAY BE A POST OFFIC	Ε <i>ΒΟΧ</i>)	
		<u> </u>
		2
B. If amending the registered agent and/or	registered office address on our records,	enter the name of the new registe
agent and/or the new registered office addi	ress here:	
		ထု
Name of New Registered Agent:	SERGIO AMADOR	υ ————————————————————————————————————
New Registered Office Address:		
	Enter Florida street	l 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 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

To:

Title	<u>Name</u>	Address	Type of Action
AMBR	FIGUEROA, AMANDA	2875 S ORANGE AVE STE 500 #6052	□Add
	` · ·	ORLANDO, FL 32806	≅Remove
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nted <u>\</u>	1 Carlons ton	
nted <u>S</u>	Signature of a member or authorized representative of a member	