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2024 JAN 29 PM 6:

COVER LETTER

TO: Registration Section **Division of Corporations** PURRI RV RENTALS LLC

SUBJECT:•	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Miguel Angel Delgado		
	FMF Rentals 2 LLC	Name of Person	
	PO Box 972532	Firm/Company	
	Miami, FL 33197	Address	
	FMFRentals2LLC@outlook	City/State and Zip Code com	
	E-mail address: (to be used for future annual report notifi	cation)
For further information of	oncerning this matter, please co	all:	
Miguel Angel Delgado		786 278-7725 at () Area Code Daytime	
Name c	of Person	Area Code Daytime	Telephone Number
Enclosed is a check for t	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)

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

Street Address: 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

PURRI RV RENTALS LLC				
(<u>Name of the Limited Liability C</u> (A Florida Lin	ompany as it now appears on our renited Liability Company)	cords.)		
The Articles of Organization for this Limited Liability Completion of the Liability Co	pany were filed on	2023 and assigned		
'his amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited	liability company here:			
MF RENTALS 2 LLC				
he 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 ADDRES.	S)	~~~		
		1024		
Note and the state of the state	PO Box 972532	JAN 29		
Enter new mailing address, if applicable:	Miami, FL 33197	SSS P M		
Mailing address MAY BE A POST OFFICE BOX)	· · · · · · · · · · · · · · · · · · ·			
		77 0		
3. If amending the registered agent and/or registered of	fice address on our records, e	・ 声 あ nter the name of the new registe		
gent and/or the new registered agent and/or registered or	nce address on our records, c	iter the name of the new region		
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
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Effective date, if other than the If an effective date is listed, the date mus Note: If the date inserted in this bl document's effective date on the D	ock does not m	eet the applica	o date of filing or ble statutory fil	more than 90 days	optional) s after filing.) Pursu s, this date will no	ant to 605.0207 of be listed as
e record specifies a delayed effectiv rd is filed.	e date, but not	an effective tin	ne, at 12:01 a.n	n, on the earlier o	of: (b) The 90th	day after the
January 22		2024				
Dated	·	100		 -		
		<u></u>	rized representati			