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(Re	equestor's Name)	
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PICK-UP	WAIT	MAIL
(Bu	usiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	Certificates	of Status
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COVER LETTER

Division of Co			
JV Easy R SUBJECT:	ental Solutions LLC		
	Name of Lim	ited 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:	
	LEXIE RIVERS		
		Name of Person	
	PRIME CORPORATE SE	ERVICES	
		Firm/Company	.
	5250 S COMMERCE DR	STE 200	
	-	Address	· · · · · · · · · · · · · · · · · · ·
	MURRAY, UT 84107		
		City/State and Zip Code	
	E-mail address: (to be used for future annual report notif	ication)
For further information of	concerning this matter, please c	all:	
LEXIE RIVERS		855 577-4639 at ()	
Name (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/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

JV Easy Rental Solutions 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 2/28/2023 and assigned Florida document number 1.23000106145 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." 2541 N Dale Mabry HWY #333 Enter new principal offices address, if applicable: Tampa FL 33607 (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 same of the new registered agent and/or the new registered office address here: Jamie P Rivera Smith Name of New Registered Agent: 2541 N Dale Mabry HWY #333 New Registered Office Address: Enter Florida street address Tampa City

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

<u>l'itle</u>	<u>Name</u>	Address	Type of Actio
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Effective date, if other than the date of an effective date is listed, the date must be spondate. If the date inserted in this block do document's effective date on the Department.	eitic and cannot be prior to es not meet the applicat	date of filing or more that		
ne record specifies a delayed effe The 90th day after the record is		an effective time,	at 12:01 a.m. on th	e earlier o
Dated June 14	2023			
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Filing Fee: \$25.00