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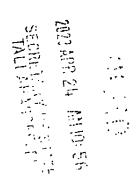
(Requestor's Name)			
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(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			





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	COVER LETTER	
	istration Section ision of Corporations	
SUBJECT:	Utopian Rentals LLC	
	Name of Limited Liability Company	
The enclosed	d Articles of Amendment and fee(s) are submitted for filing.	
Please return	all correspondence concerning this matter to the following:	
	151gh Tatori	
	Name of Person	_
	_	
	Firm/Company	
	5434 Seedling Lane	- 782 - 782 - 783 - 783
	Address	- ALLE
	Criando, FL, 32811	
	Utopian Fenter 5 LLC Qgmal, Com	
	E-mail address: (to be used for future annual report notification)	
For further i	nformation concerning this matter, please call;	
//	201 Total	0-2-

15/71h Tatari at (+1) 1/27-580-9735
Name of Person at (+1) 1/27-580-9735

Enclosed is a check for the 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

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

The Articles of Organization for this Limited Liability Company were filed on 03-20- Florida document number <u>L.2.3.000/4/735</u> .	and assigned
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 "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
	21: 12
1//	
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	<u>्र</u> ्य
	5)
B. If amending the registered agent and/or registered office address on our records, enter the agent and/or the new registered office address here:  Name of New Registered Agent:	he name of the new registered
New Registered Office Address:  Enter Florida street address	
Later Florida arecendarem	
, Flor	rida
City	Zip Code

## New Registered Agent's Signature, it 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 prson(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
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(If an eff Note:	ective date is listed, the d If the date inserted in	an the date of filing: ate must be specific and cannot this block does not meet the the Department of State's r	applicable statutory fili		r filing.) Pursuant to 60:	
the recor		ffective date, but not an effe	ective time, at 12:01 a.m	. on the earlier of: (t	o) The 90th day afte	er the
Dated	04-19-	- 23 2-1-1		) Hala	<b>)</b> ,	
		Signature of a member	or authorized representative	re of a member	4	
	16:0	1 Tatani				

Typed or printed name of signee