123000297407

(Req	uestor's Name)	
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(City/	/State/Zip/Phone	= #)
PICK-UP	☐ WAIT	MAIL
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Office Use Only

A. RIVERS

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COVER LETTER

Registration Section Division of Corporations

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ZABALA I BJECT :	S RENTALI, LLC	•	
	Name of Lin	nited Liability Company	
e enclosed Articles o	f Amendment and fec(s) are sub	omitted for filing.	
ase return all corresp	oondence concerning this matter	to the following:	
	ORTELIO ZABALA		
		Name of Person	
	.	Firm/Company	
	15941 SW 108TH AVE		
	MIAMI, FL. 33157	Address	
		City/State and Zip Code	
	INFO@LEONCIO.TAX	Chyrstate and Zip Code	
	E-mail address: (to be used for future annual report no	otification)
further information	concerning this matter, please o	all:	
RTELIO ZABALA		305 558-1700	
Name	of Person	Area Code Dayti	me Telephone Number
closed is a check for	the following amount:		
S25.00 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 Addre Registration Division of P.O. Box 63 Tallahassee,	Section Corporations 27	Street Address: Registration S Division of Co The Centre of 2415 N. Monr Tallahassee, F	orporations Tallahassee oe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ZABALAS RENTALI, LLC. (Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company) ne Articles of Organization for this Limited Liability Company were filed on ________ and assigned orida document number L23000297407 is amendment is submitted to amend the following: If amending name, enter the new name of the limited liability company here: c new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." iter new principal offices address, if applicable: rincipal office address MUST BE A STREET ADDRESS) iter new mailing address, if applicable: *lailing address MAY BE A POST OFFICE BOX)* If amending the registered agent and/or registered office address on our records, enter the name of the new registered ent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

w Registered Agent's Signature, if changing Registered Agent:

nereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the ovisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and cept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is ing filed to merely reflect a change in the registered office address. I hereby confirm that the limited liability mpany has been notified in writing of this change.

City

If Changing Registered Agent, Signature of New Registered Agent

f amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added r removed from our records:

1GR = Manager .MBR = Authorized Member

<u>'itle</u>	<u>Name</u>	Address	Type of Action
1GR	GRACIELA PEREZ	15941 SW 108TH AVE, MIAMI, FL.33157	🗏 Add
			□Remove
			□Change
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ativo dato if	other than the d	ato of filings	9/15/2023			(optional)	
effective date is l e: If the date ir	isted, the date must be ascrted in this block we date on the Depart	e specific and c k does not me	cannot be prior to eet the applica	o date of filing o ble statutory f	r more than 90 d ling requireme	ays after filing.) F	ursuant to 605.020 ill not be listed a
ord specifics a filed.	delayed effective of	date, but not a	n effective tin	ne, at 12:01 a.i	m, on the earlie	er of: (b) The	90th day after the
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