L23000367276

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(Address)	
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ALLAHASSEE, FLORIDA

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TO:	Registration Se Division of Cor							
SUBJE		RM RENTALS MANAGEM	ENT LLC					
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	<u></u>	Name of Lim	ited Liability Company					
The enc	losed Articles of	Amendment and fee(s) are sub	mitted for filing.					
Please re	eturn all correspo	ndence concerning this matter	to the following:					
		OSWALDO J VIZCARRO	DNDO					
			Name of Person					
		SHORT TERM RENTAL	S MANAGEMENT LLC					
			Firm/Company	,				
4448 NW 113 CT								
		DORAL, FL 33178						
			City/State and Zip Code					
		ozzy@nomadwynwood.com						
		E-mail address; (to be used for future annual report notif	ication)				
For furth	ner information co	oncerning this matter, please co	all:					
OSWAŁDO J VIZCARRONDO			305 606-3640 at ()					
	Name of	Person	at () Area Code Daytime	· Telephone Number				
Enclosed	d is a check for th	e following amount:						
■ \$25.	00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	U \$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, Spite 810.

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

2024 SEP 20 PM 3: 32

SHORT TERM RENTALS MANAGEMENT LLC

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

(A Florida Limited Liability Company)

(A Florida Limited Liability Company)

(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liab		ed on 08/04/2023	and assigned
Florida document number L23000367276	 •		
This amendment is submitted to amend the follow	ing:		
A. If amending name, enter the new name of the	ne limited liability cor	npany here:	
The new name must be distinguishable and contain the word	ls "Limited Liability Comp	any," the designation "LLC	or the abbreviation "L.L.C."
Enter new principal offices address, if applicab	le:		
(Principal office address MUST BE A STREET.	4DDRESS)		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BO	<u></u>		
B. If amending the registered agent and/or reg agent and/or the new registered office address		on our records, <u>enter</u>	the name of the new registered
Name of New Registered Agent:	. -		
New Registered Office Address:	2719 Holl	ywood Blvc Emer Florida street addre	1 #21105 1
	Hollywood	, Fi	lorida33920 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

Title	<u>Name</u>	Address	Type of Action
MGR	JOSE CARETT	4448 NW 113 CT, DORAL, FL 33178	□Add
			Remove
			⊡Change
			□Remove
			□Add
			□Remove
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record specifies a delayed d is filed.	l effective date,	but not a	an effectiv	e time, at 1	2:01 a.m. c	on the earli	er of: (b)	The 90th	day afte	er the
SEPTEMBER		·	04 /	2024	1					
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Filing Fee: \$25.00