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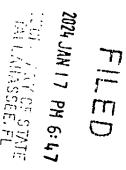
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PICK-UP	☐ WAIT	MAIL
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Special Instructions to	Filing Officer:	
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COVER LETTER

Division of Cor			
SUBJECT: A.F.	L. Florida Rc	nt l.U	
	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:	
	Ahror	n farache	
		Name of Person	
		Firm/Company	
	672	Turte Dun	
		re submitted for tiling. natter to the following: Pron Farache Name of Person Firm/Company 2 Turtic Run Address Con, FL 33326 City/State and Zip Code Ofarache (A) hot mail. Com ress: to be used for future annual report notification) rase call: at (954) Area Code Daytime Telephone Number	
	lukston.	F1 33376	
		City/State and Zip Code	
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the final order was the			neation)
ror turiner information e	oncerning this matter, please ca	HI;	
Ahron F	arachc	at (<u>954)</u> 803	6887
Name o	t Person	Area Code Daytim	e Telephone Number
finclosed is a check for the	-		
2 S25 00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status		-
		(additional copy is enclosed)	
Mailing Addres		Street Address:	
Registration S Division of C		Registration Sec Division of Cor	
P.O. Roy 632	-	The Centre of T	-

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

A.F.L. Florida D (Name of the Limited Liability Comp. (A Florida Limited)	any as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company	were filed on 10/10/23	and assigned
Florida document number <u>L23 000 488 574</u> .	7-1	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
A.F. Florida Rent 405		
The new name must be distinguishable and contain the words "Limited Liabi	ility 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)		26
		25 2
		₹ 1
Enter new mailing address, if applicable:		7
(Mailing address MAY BE A POST OFFICE BOX)		岩田 章 山
		in Signature of the sig
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter the</u>	name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florid	a
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		

Thereby 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>	Name	Address	Type of Action
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Note:	If the date inserte	d in this block de	oes not me	et the applic	able statuto	ing or more tha ry filing requ	n 90 days after irements, this	filing.) Pursuant date will not	но 605.0207 (, be fisted as tl
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Filing Fee: \$25.00