L23000	>534325
(Requestor's Name) (Address)	600421744946
(City/State/Zip/Phone #)	01//7/2401/200007 ***PF.100
Special Instructions to Filing Officer:	FILED 2024 JAN 17 PH 6: 47 SECONDARY CESTATE TALLAASSEE, FL

	COVER LETTER
FO: Registration Section Division of Corpora	
subject: <u>А.Ғ.</u> <del>Г</del>	Orida Rent Israel LLC Name of Limited Liability Company
The enclosed Articles of Ame	ndment and fee(s) are submitted for filing.
Please (eturn all corresponder	ce concerning this matter to the following:
-	Ahron Farache Name of Person
-	Firm/Company
-	622 Turtle Run Address
-	UKSTON, FL 33326 City/State and Zip Code
-	UKSton, FL 33326 City/State and Zip Code Ahron Farache Dhotmail com E-mail address: (to be used for litture annual report notification)
For further information conec	rning this matter, please call:
Ahron Farech	
Name of Per	
Enclosed is a check for the fo	flowing amount:

🛠 825.00 Filing Fee

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☐ \$30.00 Filing Fee & Certificate of Status

\$55.00 Filing Fee & Certified Copy (additional copy is enclosed) S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

<u>Mailing Address:</u> Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

.

<u>Street Address:</u> 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

A.F. Florida Rept (Name of the Limited Liability Co (A Florida Limit	ISPAC LLC mpany as it now appears on our record ited Liability Company)	<u>ik.</u> )		
The Articles of Organization for this Limited Liability Comp Florida document number <u>L23000534325</u> .	any were filed on $10/24/23$		_ and as:	signed
This amendment is submitted to amend the following:				
A. If amending name, <u>enter the new name of the limited</u>	liability company here:			
A.F. Florida Rent 2018 The new name must be distinguishable and contain the words "Limited L	LLC Liability Company," the designation "LLC	." or the abbrev	viation "L	.L.C."
Enter new principal offices address, if applicable:				<u> </u>
(Principal office address MUST BE A STREET ADDRESS	<u></u>	2		
Enter new mailing address, if applicable:	·····		NAL 1202	<u>, 11</u>
(Mailing address MAY BE A POST OFFICE BOX)		  		
<u>Estuante marcos state de la rost (de receboa)</u>	<u> </u>			ÎTI -
		 സ്റ്റ നട്ടി	- <u>≔</u> ≊	0
B. If amending the registered agent and/or registered off agent and/or the new registered office address here:	ice address on our records, <u>enter</u>	the name o	f ane ne	w registered
Name of New Registered Agent:	••••••••••••••••••••••••••••••••••••••			
New Registered Office Address:				
	Enter Florida street addre	88		
	, Fl	lorida	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. Thereby confirm that the limited liability company has been notified in writing of this change.

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person</u> being added or removed from our records:

## MGR = Manager AMBR = Authorized Member

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<u>Title</u>	Name	Address	Type of Action
			🗆 Add
		. <u> </u>	
			🗆 Change
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated January 5	
* <u>Oltrado</u>	
Signature of a member or authorized representative of a member	
Ahron Farache Typed or printed name of signee	

Filing Fee: \$25.00