## L24000047091

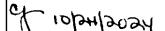
(Requestor's Name)
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(Business Entity Name)
(Document Number)
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## **COVER LETTER**

	Registration Se Division of Cor			
	BAF REN			
SUBJEC	Т:	Name of Lim	ited Liability Company	
The encle	osed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please re	turn all correspo	ondence concerning this matter	to the following:	
		FRANCYS RODRIGUEZ	SOTOLONGO	
			Name of Person	
		BAF RENTAL, LLC		
			Firm/Company	
		15480 SW 19TH WAY		
			Address	<del></del>
		MIAMI, FL 33185-5822		
		-	City/State and Zip Code	
		rodriguezfrancys87@yahoo	.com	
		E-mail address: (	to be used for future annual report notific	cation)
For furth	er information c	oncerning this matter, please ca	all:	
FRANC	YS RODRIGUE	EZ SOTOLONGO	786 4919394	
	Name o	f Person	at () Area Code Daytime	Telephone Number
Enclosed	is a check for the	ne following amount:		
<b>■ \$25.</b> 0	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 Addres Registration 5		Street Address: Registration Sect	ion
	Division of C	•	Division of Corp	
	P.O. Box 632 Tallahassee, l		The Centre of Ta 2415 N. Monroe	

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

20240 W -7 FW 5:03

<del></del>		
(Name of the Limites	d Liability Company as it now appears on our records. A Florida Limited Liability Company)	l
The Articles of Organization for this Limited Lia Florida document number <u>L24000047091</u>		and assigned
This amendment is submitted to amend the follow	wing:	
A. If amending name, enter the new name of t	the limited liability company here:	
The new name must be distinguishable and contain the wo	ords "Limited Liability Company," the designation "LLC" of	or the abbreviation "L.I.,C."
Enter new principal offices address, if applica	ble:	
(Principal office address MUST BE A STREET	(ADDRESS)	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE B	<u> </u>	
B. If amending the registered agent and/or regagent and/or the new registered office address		ie name of the new regi
		ie name of the new regi
agent and/or the new registered office address	i here:	ne name of the new regis
Name of New Registered Agent:	Enter Florida street address	ida

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 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> Fitle</u>	<u>Name</u>	Address	Type of Action
MGR	BEATRIZ DEL CARMEN CASAS	15480 SW 19TH WAY	<u></u> ≣Add
		MIAMI, FL 33185-5822	□Remove
			□Change
<del>,                                      </del>			□Add
			□Remove
			□Change
		<del></del>	
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<u>.</u>			□Add
			□Remove

\_\_\_\_\_\_ □Change

Effective date, if other than the date of filing:	,					
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605,0207 (3)  Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.  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 ord is filed.  Dated OCTOBER 1						
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Filing Fee: \$25.00