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2021/MAR -4 PM 2: 14 SECRETARY OF STATE

## **COVER LETTER**

TO:

Tallahassee, FL 32314

TO: Registration S Division of Co			
Mayla Ro	se Rentals LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles o	f Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Zachary Miller		
		Name of Person	<del></del> -
		Firm/Company	
	17036 Teton River Rd		erson  pany  S  Zip Code  re annual report notification)  2073625  Daytime Telephone Number  Ling Fee &  Copy Certificate of Status &  Certified Copy (additional copy is enclosed)
		Address	·
	Boca Raton, FL 33496		
	zmill799@gmail.com	City/State and Zip Code	
	E-mail address: (	to be used for future annual report no	tification)
For further information	concerning this matter, please c	all:	
Zachary Miller			
Name	of Person	at () Area Code Daytir	ne Telephone Number
Enclosed is a check for	the following amount:		
■ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy
Mailing Addre Registration		Street Address:	ection
	Corporations	Registration Se Division of Co	
P.O. Box 63		The Centre of	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Mayla Rose Rentals LLC		
( <u>Name of the Limited Liabil</u> (A Florid	ity Company as it now appears on our records.) a Limited Liability Company)	
The Articles of Organization for this Limited Liability C	Company were filed on Feb 19th 2024	and assigned
This amendment is submitted to amend the following:	··	
A. If amending name, enter the new name of the lim	nited liability company here:	
The new name must be distinguishable and contain the words "Lin	nited Liability Company," the designation "LLC" or	r the abbreviation "LEC."
Enter new principal offices address, if applicable:		三宝 = 可
(Principal office address MUST BE A STREET ADDI	RESS)	A TOTAL TOTA
Enter new mailing address, if applicable:	<del></del>	15. F.
(Mailing address MAY BE A POST OFFICE BOX)		777
B. If amending the registered agent and/or registere agent and/or the new registered office address here:	d office address on our records, <u>enter th</u>	e name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	<del></del>
	, Flori	
	City	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 Changing Registered Agent, Signature of New Registered Agent

IT 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>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	Kalee Rose Miller	17036 Teton River Rd	<b>≘</b> Add
		Boca Raton, FL 33496	□ Remove
			□Change
			□Add
			□Remove
			Change SEC 17.
			HETAR BRemove
			PH Dechange
			□Remove
			□Change
			□Add
			Remove
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			Remove
			Change

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Filing Fee: \$25.00