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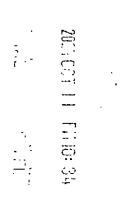
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COVER LETTER

TO:

Tallahassee, FL 32314

| | gistration Se vision of Cor | | | | |
|---|--------------------------------|--|---|---|--|
| SUBJECT: | Escapa Des | stination Rentals, LLC | | | |
| SUBJECT | | Name of Lim | ited Liability Company | | |
| The enclose | d Articles of | Amendment and fee(s) are sub | mitted for filing. | | |
| Please retur | n all correspo | ondence concerning this matter | to the following: | | |
| | | Javier Martinez | | | |
| | | | Name of Person | | |
| | | | Firm/Company | | |
| | | 20716 SW 82nd Avenue | | | |
| | | | Address | | |
| | | Cutler Bay, FL 33189 | | | |
| | | xrayjav78@gmail.com | City/State and Zip Code | | |
| For further i | information c | E-mail address; (oncerning this matter, please c | to be used for future annual report. | notification) | |
| Javier Mart | inez | | 786 374-6254 | ı | |
| Name of Person | | at () Area Code Day | time Telephone Number | | |
| Enclosed is | a check for th | he following amount: | | | |
| □ \$25.00 | 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) | |
| | iling Addres | | Street Address | | |
| Registration Section Division of Corporations | | Registration Section Division of Corporations | | | |
| P.O. Box 6327 | | The Centre of Tallahassee | | | |

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Escapa Destination Rentals, LLC (Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on _03/18/2024 and assigned Florida document number 1.24000133371 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Martinez Rental Properties, LLC The new name must be distinguishable and contain the words "Limited Liability 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) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address _, Florida _

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

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> | <u>Name</u> | Address | Type of Action |
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| ffective date, if other than the an effective date is listed, the date must be the lift by date invented in this k | lock does not meet | the applicable s | e of filing or more tha tatutory filing requ | (optiona n 90 days after filir irements, this da | l) ng.) Pursuant to 605 te will not be liste | i.0207 (ed as t |
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| ocument's effective date on the I | • | | t 12:01 a.m. on the | earlier of: (b) | The 90th day after | r the |
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Filing Fee: \$25.00