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(R	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	





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S. PRATHER

COVER LETTER

TO:

Registration Section

Tallahassee, Fl. 32314

Division of Cor	rporations		
SERIES RI	NT VLC-12, LLC		
SUBJECT:	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:	
	MOISES SALTIEL		
		Name of Person	
	SALTIEL LAW GROUP		
		Firm/Company	
	201 ALHAMBRA CIRCL	E 1050	
		Address	
	CORAL GABLES, FL 33	134	
		City/State and Zip Code	
	moises@saltiellawgroup.co		
		to be used for future annual report noti	fication)
For further information c	oncerning this matter, please co	all;	
Gonzalo Morell- Ruiz		305 7356565	
Name o	f Person	at () Area Code Daytim	e Telephone Number
Enclosed is a check for th	ne 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)
Mailing Addres Registration 5		Street Address: Registration Sec	Stion
Division of C		Division of Cor	
P.O. Box 632		The Centre of T	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SERIES RNT VLC-12, 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 $\frac{06/27/2024}{1}$ Florida document number 1.24000291517 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: SERIES RNT CDS-1, LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 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

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.

City

., Florida _

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

<u>or removed f</u>	<u>rom our records:</u>		
MGR = Ma AMBR = Au	nnager (thorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
			□Change
			□Add
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m effec ote: I	tive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after the date inserted in this block does not meet the applicable statutory filing requirements, this	filing.) Pursuant to 605.01 s date will not be listed
cume	nt's effective date on the Department of State's records.	
	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b I.) The 90th day after the
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is file		
is filed	8/01/2024	7.7.
is filed	8/01/2024 	2024 /
is filed	M. Sales	2024 AUG -A.Lu - 155
is file	Signature of a member or authorized representative of a member	2024 AUG . 7 - 7.11. 117 (s.1)

Filing Fee: \$25.00