## P190000 36702

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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF COR	PORATION: RENT PARTY M	IAMI, CORP				
DOCUMENT N	0.00000027702					
The enclosed Arti	cles of Amendment and fee are su	ibmitted for filing.				
Please return all c	orrespondence concerning this ma	atter to the following:				
	GREGORY ALEXANDER	HIDALGO GONZALEZ				
	Name of Contact Person					
	RENT PARTY MIAMI CORP					
	<del> </del>	Firm/ Company				
	5750 CURTIS CLARK DR	APT 936				
		Address				
	CORPUS CHRISTI TX 78	3412				
	<del> </del>	City/ State and Zip Cod	e			
	eliannajo@gmail.com					
		sed for future annual report	notification)			
For further inform	nation concerning this matter, plea	786	717-0483			
Name of Contact Person		at (at Co	de & Daytime Telephone Number			
Enclosed is a chec	k for the following amount made					
■ \$35 Filing Fe	e \$\Bigcup \\$43.75 \text{ Filing Fee & Certificate of Status}	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)			
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810				

Tallahassee, Fl. 32303

## Articles of Amendment to Articles of Incorporation of

RENT PARTY MIAMI, CORP

( <u>Name</u>	of Corporation as currently filed with the l	florida Dept. of State)
P19000036702		
	(Document Number of Corporation (if	known)
Pursuant to the provisions of section 607 its Articles of Incorporation:	.1006. Florida Statutes, this Florida Profit Co	prporation adopts the following amendment(s) to
A. If amending name, enter the new n	ame of the corporation:	
		The new
	n the word "corporation," "company," or "in Corp," "Inc," or "Co". A professional co " or the abbreviation "P.A."	corporated" or the abbreviation "Corp.,"
B. Enter new principal office address,	if applicable:	<u>-:</u>
(Principal office address <u>MUST BE A S</u>		~
	<del> </del>	
	****	
C. Enter new mailing address, if appl	icable:	-
(Mailing address MAY BE A POST		
		 5년
	<del></del>	
D. If amending the registered agent a	nd/or registered office address in Florida, e	nter the name of the
new registered agent and/or the ne		
Name of New Registered Agent	GREGORY ALEXANDER	
	(Florida street address)	<del></del>
	230 CRESTVIEW DR. CLERMONT FL	34711
New Registered Office Address:	(City)	, Florida (Zip Code)
	(City)	(zip Cide)
New Registered Agent's Signature, if c	hanging Registered Agent:	
	tered agent. I am fantiliar with and accept the	ne obligations of the position.
	The state of the s	-
	Signature of New Registered Agent,	if changing
Check if applicable	(	
The amendment(s) is/are being filed r	oursuant to s. 607.0120.(11).(e). F.S.	

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Example:

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

X Change	$\overline{\mathrm{bL}}$	John Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>SV</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	p	FLORANGEL PARRA	7637 NW 116 AVE
Add			DORAL , FL.: 33178
Remove 2) Change	Р	GREGORY A HIDALGO GONZALE Z	230 CRESTVIEW DR.
X Add		<del></del>	CLERMONT FL 34711
Remove Change		<del></del>	
Add			
Remove			
4) Change	*		
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

·	tional Articles, enter ecessary). (Be speci	fic)				
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		•		issued aboves		
an amendment provides	for an exchange, recl	assification, or	cancellation of	issued shares,		
an amendment provides	ing the amendment if	assification, or not contained	cancellation of in the amendme	issued shares, ent itself;		
an amendment provides provisions for implementi (if not applicable, indic	ing the amendment if	lassification, or not contained	cancellation of in the amendme	issued shares, ent itself:		
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The date of each amendment(s) add	option:	, if other than the
date this document was signed.		
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
<b>Note:</b> If the date inserted in this blo document's effective date on the Dep	artment of State's records.	ate will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adopt action was not required.	ted by the incorporators, or board of directors without shareholder acti	on and shareholder
☐ The amendment(s) was/were adop by the shareholders was/were suff	ted by the shareholders. The number of votes cast for the amendmenta- icient for approval.	(s)
	oved by the shareholders through voting groups. The following statem ach voting group entitled to vote separately on the amendment(s):	ent
	or the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
09-02-2020 Dated		
Signature	Torangel Parra	
	ector, president or ther officer – if directors or officers have not been	
appointed	by an incorporator – if in the hands of a receiver, trustee, or other could fiduciary by that fiduciary)	п .
F	LORANGEL PARRA	
_	(Typed or printed name of person signing)	<del></del>
P	RESIDENT	
-	(Title of person signing)	