## L22000343749

| (Requestor's Name)                      |
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| (Address)                               |
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| (Address)                               |
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| (City/State/Zip/Phone #)                |
|   |
| PICK-UP WAIT MAIL                       |
|   |
| (Business Entity Name)                  |
|   |
| (Document Number)                       |
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| Special Instructions to Filing Officer: |
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## **COVER LETTER**

| Division of Cor            |  |   |  |
|----------------------------|--|---|--|
| SUBJECT:R                  | COAD RASH K                                  | ENTALS LLC ited Liability Company                                   |  |
| The enclosed Articles of . | Amendment and fee(s) are sub                 | omitted for filing.   |  |
| Please return all correspo | ndence concerning this matter                | to the following:   |  |
|                            | DEIVY  | S DiAZ<br>Name of Person  |  |
|                            | _ROAD_R                                      | ASL RENTALS   | : UC   |
|                            | 13721 Sh                                     | 1 280 Th TERR   |  |
|                            | HOMESTER                                     | AD FL 330<br>City/State and Zip Code                                | 33   |
|                            | DEIVYSD<br>E-mail address: (                 | iAZ 1 @ GMAiL<br>to be used for future annual report noti           | fication)  |
| For further information co | oncerning this matter, please c              | all:  |  |
| NIEVES D                   | ARANSO_                                      | at ( <u>786</u> ) <u>451 –</u><br>Area Code Daytim                  | 3970   |
| Name of                    | Person                                       | Area Code Daytim  | e Telephone Number   |
| Enclosed is a check for th | e following amount:                          |   |  |
| □ \$25.00 Filing Fee       | W \$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 Address:

Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303



October 21, 2023

DEIVYS DIAZ ROAD RASH RENTALS 13721 SW 280TH TERR HOMESTEAD, FL 33033

SUBJECT: ROAD RASH RENTALS

Ref. Number: L22000343749

We have received your document for ROAD RASH RENTALS and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of a limited liability company must contain the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC." The following suffixes are no longer acceptable: "Limited Company," "L.C.," and "LC." The abbreviations "Ltd." and "Co.", also are no longer acceptable. Please amend your document accordingly.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Letter Number: 323A00024495

Valerie Herring Regulatory Specialist III Internet Support

www.sunbiz.org

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ROAD RASH RENTALS

| (Name of the Limit  | ted Liability Company as it now appe<br>(A Florida Limited Liability Company) | ars on our records.)                   | <del></del>                                       |
|---|---|--|---|
|   |   |  |   |
| The Articles of Organization for this Limited L Florida document number <u>L22000</u> | iability Company were filed on  | AUQUST4.20                             | 22 and assigned                                   |
| Florida document number 422 000   | 747749  |  |   |
| Tiorida document number   | <u> </u>  |  |   |
| This amendment is submitted to amend the foll   | owing:  |  |   |
| A. If amending name, enter the new name o   | f the limited liability company b   | nere:                                  |   |
| Road Rash Rentals   | LLC   | <del></del>                            |   |
| The new name must be distinguishable and contain the w                                | vords "Limited Liability Company," the  | designation "LLC" or the               | abbreviation "L.L.C."                             |
| Enter new principal offices address, if applic  | able:   |  |   |
| (Principal office address MUST BE A STREE   |   |  | 22  |
|   |   | ······································ | 7. 7.   |
|   | <del></del>   |  | <del>- 11 - 11 - 11 - 11 - 11 - 11 - 11 - 1</del> |
|   |   |  | $\frac{1}{2}$ $\omega$                            |
| Enter new mailing address, if applicable:   |   |  | <u>~;</u> ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~     |
| (Mailing address MAY BE A POST OFFICE   | <u>BOX)</u>   |  | <u> </u>  |
|   |   |  | <u>ਨ</u>  |
|   |   |  | Ch  |
| B. If amending the registered agent and/or r  |   | records, <u>enter the na</u>           | me of the new registere                           |
| agent and/or the new registered office addres   | ss nere:  |  |   |
|   | Marca D   | 2 h                                    |   |
| Name of New Registered Agent:   | NIEVES D.   | <u> MANGO</u>                          |   |
| New Registered Office Address:  | <u></u>   |  |   |
| · · · · · · · · · · · · · · · · · · ·   | Enter Flo   | orida street address                   |   |
|   |   | , Florida                              |   |
|   | City  |  | Zıp 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

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 = Ms $AMBR = At$ | anager<br>uthorized Member |                     |                  |
|----------------------|----------------------------|---------------------|------------------|
| <u>Title</u>         | Name                       | Address             | Type of Action   |
| MGR                  | NiEYES D. ANANGO           | 13721 SW 280th TENN | DFAdd            |
|                      | · ·                        | HOMESTEAD, FC 3003  | <u>U</u> □Remove |
|                      |                            |                     | [] Change        |
| MBR                  | DEIVYS DIAZ                | 13721 SW 280 TEAN   | □Add             |
|                      |                            | HOMESTEAD FL 33033  | □Remove          |
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| fective da     | ite, if other than  | the date of filin  | g:               |  | (of                | otional)         | 447.0204        |
| ote: If the    | date inserted in th | must be specific and<br>is block does not re<br>to Department of S | neet the applica | o date of filing or m<br>ble statutory filin | g requirements,    | this date will n | ot be listed as |
| retificite 3 i | enceuve date on t   | ic repartment or .   | state s records. |  |                    |                  |                 |
| ecord spec     | ifies a delayed eff | ective date, but not   | an effective tin | ne, at 12:01 a.m.                            | on the earlier of: | (b) The 90th     | day after the   |
| is med.        |                     |  |                  |  |                    |                  |                 |
| ated <u>O</u>  | ctober 5            | 9033   | 12:01 A          | <u>m</u>                                     |                    |                  |                 |
| í              |                     |  | (1)              | _  |                    |                  |                 |
| _              | POR                 | Signature of a   | member or author | ized representative                          | of a member        |                  |                 |
|                |                     | ves D. A   |                  |  |                    |                  |                 |

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Filing Fee: \$25.00