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COVER LETTER

TO:	Registration Secti Division of Corpo	on rations			
		ENTAL EXPERTS INC			
SUBJE	CT:	Name of Limited	Liability Company		
The enc	losed Articles of A	mendment and fee(s) are submit	ited for filing.		
		dence concerning this matter to			
		NATALIE MELENDEZ OR			
			Name of Person		
		PREMIER RENTAL EXPE	RTS INC		
		Firm/Company 17150 N BAY RD SUITE 2106 Address			
		SUNNY ISLES, FL 33160	SUNNY ISLES, FL 33160		
			City/State and Zip Code		
		E-mail address: (10	be used for future annual report not	fication)	
For fu	orther information c	oncerning this matter, please ca	II:		
	ALIE MELENDEZ		706 6274147	ne Telephone Number	
	Name o	of Person	Area Code Daytin	ne Telephone Number	
Enclo	osed is a check for t	he following amount:			
	325.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	7.1.
	Mailing Address Registration Division of P.O. Box 63 Tallahassee	Section Corporations 327	Street Address: Registration S Division of C The Centre of 2415 N. Mon Tallahassec, 1	orporations Tallahassee roe Street, Suite 810	13:10:24

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PREMIER RENTAL EXPERTS INC			
(Name of the Limited Li (A F	ability Company as it now a orida Limited Liability Comp	ppears on our records.)	
The Articles of Organization for this Limited Liabili	ity Company were filed o	n <u>07/15/2024</u>	and assigned
Florida document number L24000314347	<u></u> .		-
This amendment is submitted to amend the following	g:		
A. If amending name, enter the new name of the	limited liability compar	ıy here:	
PREMIER RENTAL EXPERTS LLC			
The new name must be distinguishable and contain the words	"Limited Liability Company,"	the designation "LLC" or the	abbreviation "L.I.,C."
Enter new principal offices address, if applicable	:		
(Principal office address MUST BE A STREET A	DDRESS)		
	 -		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX	<u></u>		· · · · · · · · · · · · · · · · · · ·
B. If amending the registered agent and/or regist	tered office address on o	ur records, enter the na	me of the new registered
agent and/or the new registered office address he	<u>re</u> :		
Name of New Registered Agent:			
New Registered Office Address:			
	Ente	r Florida street address	
_		, Florida	
	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 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

Title	<u>Name</u>	Address	Type of Action
			□Remove
			☐ Change
			□Add
			□Remove
			☐ Change
			□Remove
			□Change
			
			□Remove
			□Change
			□Add
			□Remove
			□ Change
			□ Add
			□ Remove
			— N — DCHange

		11.
		
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fective date, if other than the date on effective date is listed, the date must be spete: If the date inserted in this block do cument's effective date on the Departm	cific and cannot be prior to date of filing or more the es not meet the applicable statutory filing req	(optional) nan 90 days after filing.) Pursuant to 605.0207 uirements, this date will not be listed as
ecord specifies a delayed effective date, is filed.	but not an effective time, at 12:01 a.m. on the	e earlier of: (b) The 90th day after the
ted		
· 2) ata (1. = 1) po	Le con l'extre ure of a member or authorized representative of a r	member
Natalie Melendez Ortiz		· •

Filing Fee: \$25.00