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COVER LETTER

TO:	Registration Division of C	Section Corporations	* * * * * * * * * * * * * * * * * * *					
SUBJE	UP RENTAL CAR FORT LAUDERDALE LLC							
SUDJE	Name of Limited Liability Company							
The end	losed Articles	of Amendment and fee(s) are su	bmitted for filing.					
Please r	eturn all corre	spondence concerning this matte	er to the following:					
		JULIANA KARFITSAS						
		·	Name of Person					
Firm/Company								
	3300 NE 192 ND ST APT 218							
City/State and Zip Code JULIANAMGAVIAO@HOTMAIL.COM								
		E-mail address.	(to be used for future annual report n	otification)				
For furt	her informatio	on concerning this matter, please	call:					
JULJA.	NA KARFITS	AS	321 436-5110					
	Nan	ne of Person	Area Code Dayt	ime Telephone Number				
Enclose	ed is a check fo	or the following amount:						
\$25	5.00 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 ADDRESS:

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

STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

UP RENTAL CAR FORT LAUDERDALE LLC		
(<u>Name of the Limited Liability Compa</u> (A Florida Limited l	inv as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company	were filed on	and assigned
Florida document number L18000170909		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
SAME		
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	SAME	
Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:		·
(Mailing address MAY BE A POST OFFICE BOX)		
	om	. \$3
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her	mce address on our records, <u>c</u>	enter the name of the
The state of the s	<u>-</u> -	
Name of New Registered Agent:		10 C
New Registered Office Address:		
	Enter Florida street address	- 교 및
	Flori	

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

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being a or removed from our records</u>:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	LIDIANE LOPES DE ALBUQUERQUE	3300 NE 192ND ST APT 218 MIAMI FL 32819	∃ Add
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ective date, if other than the date of filing:				(optional)		
n effective date is listed, the date must be specific and cannot	ot be prior to	date of filing o	r more than 90	days after filing.) Pursuar	it to 605.02
<u>vte:</u> If the date inserted in this block does not meet the cument's effective date on the Department of State's		e statutory ii	iing requirem	ents, this date	WHI HOU	ne listed a
record specifies a delayed effective date, The 90th day after the record is filed.	but not a	in effective	e time, at 1	12:01 a.m.	on the	earlier
ted JUNE 06 . 20	19 					
	~	1				
Signature of amember	er or authoriz	ed representat	ive of a membe	:r		
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Filing Fee: \$25.00