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11/14/13

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATIO			th Florida, Inc.	
DOCUMENT NUMBER: _	P0100006654	6		
The enclosed Articles of Ame	endment and fee are sul	omitted for filing.		
Please return all corresponder	nce concerning this mat	ter to the following:		
Alar	n E. Greenfield	d		
		Name of Contact Perso	n	
Alar	E. Greenfield	d, P.A.		
		Firm/ Company		
P.O	. Box 801706			
		Address		
Ave	ntura, FL 332	80-1706		
	,	City/ State and Zip Cod	e	
•	yer@aol.com			
E-	-mail address: (to be us	ed for future annual report	notification)	
For further information conce	rning this matter, pleas	e call:		
Alan E. Greenfiel	d	at (305	557-2286 x 27	
Name of Cont	act Person	Area Co	ode & Daytime Telephone Number	
Enclosed is a check for the fo	Howing amount made p	payable to the Florida Dep	artment of State:	
•	\$43.75 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 Ac	ldr <u>ess</u>	Street	Address	
Amendmen		Amendment Section		
	Corporations	Division of Corporations		
P.O. Box 63		Clifton Building		
Tallahassee	, FL 32314	2661 Executive Center Circle		

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation

FILED

to

Global Rent- A- Car of South Florid	da, Inc.		2013 NOV 12	PH 4: 51	8
(Name of Corporation as currently filed P01000066546	with the Flori	da Dept. of St	ate)	OF STATE	
P01000066546		[_	ALL AHASS	EE. FLORIE	4(
(Document Number of Cor	rporation (if kn	own))		_
ursuant to the provisions of section 607.1006, Florida Sta s Articles of Incorporation:	atutes, this <i>Floi</i>	rida Profit Cor	<i>poration</i> adop	ts the following	ng amendm
If amending name, enter the new name of the corpo	ration:				
					The ne
ame must be distinguishable and contain the word "c Corp.," "Inc.," or Co.," or the designation "Corp," " ord "chartered," "professional association," or the abb	'Inc," or "Co"	'. A profession	or "incorporat nal corporatio	ed" or the a n name must	abbreviatio contain th
Enter new principal office address, if applicable: Principal office address MUST BE A STREET ADDRE	-				_
incipul office unuress most bleastight Abbite					_
	-				-
. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)					
maning and ess served by the served by	_				_
	-				
	_	 			_
If amending the registered agent and/or registered of the second se	office address	in Florida, en	ter the name o	of the	
new registered agent and/or the new registered office					
Name of New Registered Agent					
	(Florida street a	address)			
	,	,			
New Registered Office Address:	(City)		, Florida	(Zip Code)	
				• •	
ew Registered Agent's Signature, if changing Registe hereby accept the appointment as registered agent. I an		and assent the	ablications s	f tha naaitian	
ierevy accept the appointment as registered agent. I an	n jamutar with	ana accept the	: oongano n s oj	i ine position.	
Signature of New R	kegistered Ager	nt, if changing			

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)

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	PT Jo	ohn Doe	
X Remove	<u>V</u> <u>M</u>	like Jones	
X Add	<u>SV</u> <u>Sa</u>	ally Smith	
Type of Action (Check One)	<u>Title</u>	Name	Address
1) Change	Р	Victor Casado	17 West State Road 84
Add ✓ Remove			Ft. Lauderdale, FL 33315
2) Change	PD	Gonzalo Rodriguez	16001 Collins Avenue
Add			Unit #1904
Remove			Sunny Isles Beach, FL 33150
3) Change	VD	Elias Antoni	16001 Collins Avenue
Add			Unit #1904
Remove			Sunny Isles Beach, FL 33160
4) Change	<u>s</u>	Simon Antoni	16001 Collins Avenue
Add			Unit #1904
Remove			Sunny Isles Beach, FL 33160
5) Change			<u> </u>
Add Remove			
6) Change			
Add			
Remove			

Attacl	h <i>additional she</i>	ng additional Arti ets, if necessary).	(Be specific)	_			
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			<u></u>		<u> </u>		· · ·
lf an	amandmant ar	ovides for an excl	ango roclassif	ication or cana	allation of issue	d charac	
prov	isions for impl	ementing the ame	ndment if not o	contained in the	amendment its	elf:	
•	(if not applicabl	le, indicate N/A)					
	•	· · · · · · · · · · · · · · · · · · ·					
	·· · · 						
		 					
-							
		 					

The date of each amendment(s) a	doption: November 5, 2013	, if other than th
date this document was signed.		
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were add by the shareholders was/were su	opted by the shareholders. The number of votes cast for the amendment(s) afficient for approval.	
	proved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):	
"The number of votes cast	for the amendment(s) was/were sufficient for approval	
by		
	(voting group)	
action was not required. The amendment(s) was/were add action was not required. Dated November Signature (By 4 december 2)	lirector, president or other officer – if directors or officers have not been	
	A, by an incorporator – if in the hands of a receiver, trustee, or other court	
appoin	ted fiduciary by that fiduciary)	
	Gonzalo Rodriguez	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	