P13000033179

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: WM CARRENT	AL CORP	·	
	IBER: P13000033179			
	s of Amendment and fee are su			
Please return all corr	espondence concerning this ma	tter to the following:		
	CARELIZ G. LEAL			
	WM CAR RENTAL, CORP.	Name of Contact Person)	
	7524 NW 55 ST	Firm Company		
	MIAMI, FLORIDA, 33166	Address		
	WHANT FLORIDAY (1907)	City State and Zip Cod	e	
INF	O@XPRESSAUTORENTAL.:			
	E-mail address, (to be a	sed for future annual report	notification)	
For further informati	on concerning this matter, plea	se call:	(
CARELIZ G. LEAL		05.4 at (8064786	
Name	of Contact Person	Area Ce	de & Daytime Telephone.	Number
Enclosed is a check (for the following amount made	payable to the Flori da Dep a	artment of State:	
□ \$35 Filing Fee	■843.75 Filing Fee & Certificate of Status	☐543.75 Filing Fee & Certified Copy (Additional copy is chelosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	l
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301		

Articles of Amendment

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Acticles of Incorporation

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VM CAR RENTAL, CORP.	<i></i>	
(Name of Corporation as carren	thy filed with the Florida Dept. of State)	
213000033179		
(Deciment Number	of Corporation (if known)	
	1	7
fursuant to the provisions of section 607,1006. Florida Statutes, this Articles of Incorporation:	s Florida Profit Corporation adopts the following at	men T
is Atheres of Incorporation.		
4. If amending name, enter the new name of the corporation:		1
	TH]
ame must be distinguishable and contain the word "corporati	ion," "company," or "incorporated" or the abbr	î evio
Corp.," "Inc.," or Co.," or the designation "Corp." "Inc." or ord "chartered," "projessional association, or the abbreviation	"Co". A professional corporation name must con	itain 1
та спанетеа, projessama ussocianon, т те атогостион		1
3. Enter new principal office address, if applicable:	7524 NW 55 ST	<u> </u>
Principal office address <u>MUST BE A STREET ADDRESS</u>)	MIAMI, FL 33166	
		Ť
		<u>†</u>
2. Enter new mailing address, if applicable:		1
(Mailing address MAY BE A POST OFFICE BOX)		<u> </u>
		╬-
		[
		1
 If amending the registered agent and/or registered office ad- new registered agent and/or the new registered office addre 		ł
		l
Name of New Registered Agent		
		1
Florida s	street address)	
New Registered Office Address:	, Florida	
	(Zip Cod	let
		ļ
Sew Registered Agent's Signature, if changing Registered Ager		Ì
hereby accept the appointment as registered waves. I am lamiliar	" with and accept the obligations of the position.	-
		-
	0	
Signature of New	Registered Agent, if changing	

address of each Office (Attach additional she Please note the officer P = President; V = Vi Executive Officer; CF held, President, Treas Changes should be no a change, Mike Jones	ger and/or D gets, if necess widivector (ul fee Presidem FO = Chief I gurer, Durecto fed in the fo feaves the c	irector being added: ary) (e by the prot is not of the office rifle; (f) T= Treasure()> Secretary, D= Director Financial Officer () of office) director hole or would be P(t)) (f) (f) (f) (f) (f) (f) (f) (f) (f) (to officer/director being removed and title, name, and tree and title, name, and tree are trustee; $C = Chairman$ or $Clerk$; $CEO = Chief$ is more than one title, list the first letter of each office as the PST and Mike Jones is listed as the V. There is S. These should be noted as John Doe, PT as a Change,	
<u>X</u> Change	<u>b.L.</u>	John Dog		
X Remove	\underline{V}	Mike Jones	\frac{1}{2}	
<u>X</u> Add	<u>sv</u>	Sally Smith		
Type of Action (Check One)	<u>Title</u>	2 alic	Address (
1) Change	P	KEMISH LEAL	7524 NW 55 ST	
X Add			MEAMI, FL 33166	
Remove				
2) X Change	OFFIC	E JAIMI MEUA	1090 BLUEWOOD TER	į
Add			WESTON, FL 33327	
Remove				
3) X Change	VP	CARLLIZ G. LÉAL	7524 NW 55 ST	İ
Add			MIAMI, FL 33166	1
Remove				
4) Change				1
Add			1	-
Remove				
5) Change				
Add				
Remove				
6) Change				
Add				
Remove				

Attach additional sheets, if necessary), the specifica		-
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f an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment it not contained in the amendment itself:	,	
(if not applicable, indicate N/A)	į.	
		
		-

	10.18/2017	1
The date of each amendment(s) date this document was signed.	adoption:	, if other than the
10	/18/2017	
Effective date <u>if applicable</u> :	: to show their 90 days after amendment file date)	
	. It must prove a outs the remember that many	
Note: If the date inserted in this document's effective date on the I	block does not over for applicable statutory filing requirements, this date department of State's records	will not be listed as the
Adoption of Amendment(s)	(<u>CHLCK ONE</u>)	1
☐ The amendment(s) was/were a by the shareholders was/were	lopted by the shareholders. The number of votes east for the amendment(s) sufficient for approval	1
	oproved by the shareholders through voting groups. The following statement or each voting group entitled to vote separately on the amendment(s):	
"The number of votes ca	s) for the amendment(s) was were sufficient for approval	
by		
	(voting group)	
The amendment(s) was/were a action was not required.	dopted by the board of directors without shareholder action and shareholder	
The amendment(s) was/were a action was not required.	dopted by the incorporators without shareholder action and shareholder	
10(18)20	17	Ì
DatedSignature	Careliz Seal	
(By a selec	director, president or other officer - if directors or officers have not been ted, by an incorporator of in the hands of a receiver, trustee, or other court inted fiduciary by that fiduciary)	
	CARELIZ G. LEAL	
	(Typed or printed name of person signing)	
	VICE PRESIDENT	
	(Tyle of person signing)	