

M17000004133

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

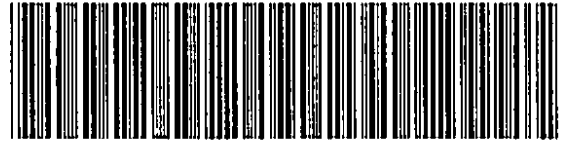
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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18 JAN - 2 AM 1:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 1501 NW 49 ST 33309, LLC

Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Jade Valdes

Name of Person

1501 NW 49 ST 33309, LLC

Firm/Company

1501 NW 49th ST, STE 100

Address

Fort Lauderdale, FL 33309

City/State and Zip Code

legal-usa@sixt.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jade Valdes

Name of Person

at (754)

701-3217

Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

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

Enclosed is a check for the following amount:

☒ \$25 Filing Fee

☐ \$30 Filing Fee &
Certificate of Status

☐ \$55 Filing Fee &
Certified Copy

☐ \$60 Filing Fee,
Certificate of Status &
Certified Copy

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE
AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT
BUSINESS IN FLORIDA**

SECTION I (1-4 must be completed)

1. Name of limited liability Company as it appears on the records of the Florida Department of

State: 1501 NW 49 ST 33309, LLC

Enter new principal office address, if applicable:

1501 NW 49th ST, STE 100

Fort Lauderdale, FL 33309

(Principal office address

MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

1501 NW 49th ST, STE 100

Fort Lauderdale, FL 33309

(Mailing address

MAY BE A POST OFFICE BOX)

2. The Florida document number of this limited liability company is: M17000004133

3. Jurisdiction of its organization: Delaware

4. Date authorized to do business in Florida: 05/15/2017

SECTION II (5-9 complete only the applicable changes)

5. New name of the limited liability company: _____
(must contain "Limited Liability Company," "L.L.C." or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C." or "LLC.")

6. If amending the registered agent and/or registered officer address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: _____

New Registered Office Address: _____

Enter 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 Changing Registered Agent, Signature of New Registered Agent

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
18 JAN - 5 AM 1:48

7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:

| <u>Title/ Capacity</u> | <u>Name</u> | <u>Address</u> | <u>Type of Action</u> |
|------------------------|----------------------|----------------------------|--|
| MGR | SAZERA, VINCENT TODD | 1501 NW 49th ST, STE 100 | <input checked="" type="checkbox"/> Add |
| | | Fort Lauderdale, FL 33309 | <input type="checkbox"/> Remove |
| MGR | SAZERA, VINCENT TODD | 1850 SE 17th ST, SUITE 207 | <input type="checkbox"/> Add |
| | | Fort Lauderdale, FL 33316 | <input checked="" type="checkbox"/> Remove |
| MGR | BIRKEL, SEBASTIAN | 1501 NW 49th ST, STE 100 | <input checked="" type="checkbox"/> Add |
| | | Fort Lauderdale, FL 33309 | <input type="checkbox"/> Remove |
| MGR | BIRKEL, SEBASTIAN | 1850 SE 17th ST, SUITE 207 | <input type="checkbox"/> Add |
| | | Fort Lauderdale, FL 33316 | <input checked="" type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |

9. Attached is a certificate, if required: no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.

Todd Sazera
Signature of the authorized representative

Todd Sazera
Typed or printed name of signee

Filing Fee: \$25.00

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

18 JAN 25 AM 1:40