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TAIL AHASSEE, FLARIDA

T. CLINE

OCT 3 0 2012

EXAMINER

COVER LETTER

то:	Registration Section Division of Corporations						
SUBJE	CT:	SUNNY RENT-A-0	CAR, LLC				
		Name of Limited Liability	Company	·			
The enc	losed Articles of Amendment as	nd fee(s) are submitted for f	iling.				
Please r	eturn all correspondence concer	ning this matter to the follow	wing:				
			J Ibarra				
		Name	of Person				
			as, LLP				
		Firm/	Company				,
		1300 N'	W 84 Ave				
		Λd	ldress				
		Doral, I	FL 33126				
		City/State	and Zip Code				
		aibarra@b E-mail address: (to be used for	pizcpas.com	ation			
For furt	her information concerning this		rature aimitas report notific	ation			
	Alberto Ibarra	lat (_	///	177-9336	<u> </u>	<u> </u>	
	Name of Person		Area Code & Daytime	Telephone Number		79	Secretary and
Enclose	d is a check for the following ar	nount:			<u>₩</u>		; ; ;
√ \$25.		cate of Status Cert	0 Filing Fee & ified Copy litional copy is enclosed)	\$60.00 Filin Certificate Certified ((additiona	LoLStatuş Cöpy		d)

MAILING ADDRESS:

TO:

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

	<u>NT-A-CAR, LLC</u>			
(Name of the Limited Liability Con (A Florida Limit	npany as it now appea ed Liability Company)	rs on our records.		
The Articles of Organization for this Limited Liability Comp Florida document numberL08000061561	any were filed on	06/24/2008	and assigned	
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited l	liability company he	<u>re</u> :		
_	V/A			
The new name must be distinguishable and end with the words "L.L.C."	Limited Liability Comp	any," the designation "l	LLC" or the abbreviation	
Enter new principal offices address, if applicable:	N/A	[2 ** - ; 1 * *** ₹ ****		
(Principal office address MUST BE A STREET ADDRESS				
		Œ.	29	
		,		
Enter new mailing address, if applicable:	N/A	4		
(Mailing address MAY BE A POST OFFICE BOX)			STI TO	
	<u> </u>			
			•	
B. If amending the registered agent and/or registered registered agent and/or the new registered office address	l office address on	our records, enter	the name of the new	
registered agent and/of the new registered office address	nere.			
Name of New Registered Agent: N/A				
New Registered Office Address:				
	Εı	Enter Florida street address		
<u></u>		, 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 608, 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

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager • MGRM = Managing Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	Achram & Mangieri Corp	C/O Bizcpas, LLP 1300 NW 84 Ave Doral, FL 33126	Add Remove
MGRM	Muccerino Corp	9100 Kendall Dr Miami, FL 33176	Add Remove
			Add Remove
			Add Remove
·			Add Remove
		30° CA 177 (A) 20° (A)	Add Remove
D. If amend	ling any other information, enter change(s) here: (Attach additional sheets, if necessary)	29
_			
Dated	October 1 201	3	
	Gignature of a member of	r authorized representative of a member	
	- /	J Ibarra, as agent	
		printed name of signee	

Page 2 of 2

Filing Fee: \$25.00