

L 11000080029

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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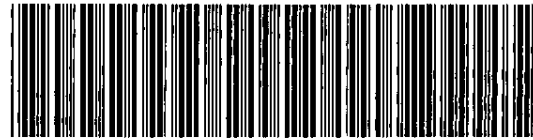
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

C. LEWIS

OCT 18 2011

EXAMINER

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: RENT DREAM CARS LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Jonathan Aserraf

Name of Person

Firm/Company

7950 NW 53rd Street Suite 215

Address

Miami, FL 33166

City/State and Zip Code

ja@offixsolutions.com

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

For further information concerning this matter, please call:

Jonathan Aserraf

Name of Person

at (305)

799-1576

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 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**

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RENT DREAM CARS LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 07/12/2011 and assigned
Florida document number L11000080029.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

1308 N. Dixie Hwy.

(Principal office address MUST BE A STREET ADDRESS)

Hollywood, Florida 33020

Enter new mailing address, if applicable:

1308 N. Dixie Hwy.

(Mailing address MAY BE A POST OFFICE BOX)

Hollywood, Florida 33020

B. If amending the registered agent and/or registered office 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:

ALEX MOHANU

New Registered Office Address:

1308 N. Dixie Hwy.

Enter Florida street address

Hollywood

Florida

33020

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.

Alex Mohanu

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>	<u>Address</u>	<u>Type of Action</u>
MGRM	MOHANU, RARES ALEX	7950 NW 53RD STREET	<input type="checkbox"/> Add
		SUITE 215	<input checked="" type="checkbox"/> Remove
		MIAMI, FL 33166	
MGRM	MOHANU, RARES ALEX	1308 N. Dixie Hwy.	<input checked="" type="checkbox"/> Add
		Hollywood, Florida 33020	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Dated OCTOBER 12TH, 2011.

Alex Mohanu
Signature of a member or authorized representative of a member

ALEX MOHANU
Typed or printed name of signee

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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