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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: FLORIDA RENT A CAR 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:
Marcelo Vinoly Name of Person
Firm/Company
1715) NW 7 AUR FXT
Mouri Fordens FL 33169- City/State and Zip Code Myinoly of Florida motors - com E-mail address: (to be used for future annual report notification)
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Marcelo Vinoly at (984) 662. 9200 - Area Code Daytine Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee Certificate of Status Certificate of Status Certificate of Status Certified Copy (additional copy is enclosed) □ \$60.00 Filing Fee, 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

(Name of the Limited Liability Cor	mpany as it now appears on o	our records.)
The Articles of Organization for this Limited Liability Compa	any were filed on/_	// 0 /20// and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited by	iability company here:	
FLORIDA MOTORS TR		real(C
The new name must be distinguishable and contain the words "Limited Li	iability Company," the designa	ation "L.L.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)	<u> </u>	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
		!
B. If amending the registered agent and/or registered	l affice address on our	records enter the name of the new
registered agent and/or the new registered office address l		on
		49
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida st	reet address
		Florida
N. D. C. L. C.	City	Zip Code
New Registered Agent's Signature, if changing Registered Age		
I hereby accept the appointment as registered agent and a provisions of all statutes relative to the proper and compl accept the obligations of my position as registered agent a being filed to merely reflect a change in the registered off company has been notified in writing of this change.	lete performance of my c as provided for in Chap	Inties, and I am familiar with and ter 605, F.S. Or, if this document is

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person_being added or removed from our records:

MGR = A $AMBR = A$	Janager Authorized Member		
<u>Title</u>	Name	Address	Type of Action
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			☐ Change
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			☐ Remove
		 	□ Change
			Add
			☐ Remove
			Remove

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etive date, if other than the date of filing: Heterive date is listed, the date must be specific and cannot be prior to date of filing: It the date inserted in this block does not meet the applicable statutor ment's effective date on the Department of State's records.	(optional) ng or more than 90 days after filing.) Pursuant to 605.0 ry filing requirements, this date will not be listed
ecord specifies a delayed effective date, but not an effect e 90th day after the record is filed.	tive time, at 12:01 a.m. on the earlier
12/07/17	

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Filing Fee: \$25.00