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SECRETARY OF STATE
SECRETARY OF STATE

C. LEWIS

SEP -5 2012

EXAMINER

COVER LETTER

TO: Registration Sect Division of Corpo	ion prations	
SUBJECT:	My AutoRental, LLC Name of Limited Liability Company	
The enclosed Articles of A	mendment and fee(s) are submitted for filing.	
Please return all correspond	lence concerning this matter to the following:	
	Franco (Astaneda Name of Person	
	Firm/Company	
	13 Cherry Laurel C+ #103	
	City/State and Zip Code Franco Leads @ 9MAil. Com E-mail address: (to be used for future annual report notification)	
For further information con	cerning this matter, please call:	
Franco Name of F	CASTANEDA at 954-753-425-0 Area Code & Daytime Telephone Number	
Enclosed is a check for the	following amount:	
\$25.00 Filing Fee	\$30.00 Filing Fee & \$55.00 Filing Fee & \$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is encl	osed)

• 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

FILED

MyautoRen	, tal 110	12 SEP -4	
(Name of the Limited Liability C (A Florida Lin	Ompany as it now appears mited Liability Company)	on our records.) SSI	' OF STA TE EE, FLORIDA
The Articles of Organization for this Limited Liability Con Florida document number	mpany were filed onF	e6. 29, 2012	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited	ed liability company here: ENTER s "Limited Liability Company	The designation "L	LC" or the abbreviation
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRE	<u> 13 Che</u> <u>Winter</u>	erry laure - Springs,	l C+#103 F1.32708
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	-Same as	Above -	
B. If amending the registered agent and/or register registered agent and/or the new registered office addre	red office address on ou ss here:	r records, <u>enter tl</u>	ne name of the new
Name of New Registered Agent:			
New Registered Office Address:	Ente	r Florida street addr	ress
		, 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 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 Type of Action **Title** Name **Address** □ Add Remove ☐ Add Remove ∏Add Remove Add Remove \square Add Remove Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Purpose for which this UC is organized is: FC Enterprise, UC # it's fictitious or is to be included / And for determined. 8-30-2012 Signature of a member or authorized representative of a member Franco Castaneda

Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00