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COVER LETTER

EUROSUITES AUTO RENTAL LLC SUBJECT: 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: Carlos CALERO Name of Person Firm/Company 1750 NW 107TH AVE. Address MIAMI, FL 33172 City/State and Zip Code curosuitesautorental@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Carlos Calero 4474348 Davtime Telephone Number Name of Person 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 Certificate of Status & Certified Copy (additional copy is enclosed) (additional copy is enclosed)

MAILING ADDRESS:

TO:

Registration Section Division of Corporations

> 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 ARTICLES OF ORGANIZATION **OF**

EUROSUITES AUTO RENTAL LLC

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

FILED

14

The Articles of Organization for this Limited Lia	ability Company were filed on	04/29/2013	and assigned S
Florida document number L13000062442		TA	SECRETARY DE STAT NELAHASSEE, FLORI
This amendment is submitted to amend the follo	owing:		or con
A. If amending name, enter the new name of	the limited liability company	here:	
The new name must be distinguishable and contain the wo	ords "Limited Liability Company," th	e designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applica	able:		
(Principal office address MUST BE A STREET	T ADDRESS)		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE I	<u> </u>		
B. If amending the registered agent and/o	**	on our records, <u>ente</u>	er the name of the n
registered agent and/or the new registered off	fice address here:		
Name of New Registered Agent:	Carlos CALERO		
New Registered Office Address:	1750 NW 107TH AVE.		
	Enter F	lorida street address	
	MIAMI	, Florida j	33172
	City		Zip Code
Now Posictored Agent's Signature if changing D	onictored Ament:		

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with th 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

If arrending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being a or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	PASSARIELLO, Vicente	1750 NW 107 AVE	
		Miami FL 33172	
			■ Remove
			Change
			Add
			□ Remove
			Change
			Remove
			Change
			☐ Remove
			Change
			Remove
			· Change
			
		 	Remove
			□ Change

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<u></u>	
F3 F3 00	
(If an effect	e date, if other than the date of filing:
Note: R	the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a
documen	t's effective date on the Department of State's records.
16 tha	ed apporition a delayed offertive date. Here was an effective steel as 43.04
If the recor	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of the day after the record is filed.
If the record (b) The 9	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of the day after the record is filed.
(b) The 9	Oth day after the record is filed.
If the record (b) The 9	Oth day after the record is filed.
(b) The 9	Oth day after the record is filed.
(b) The 9	Oth day after the record is filed.

Page 3 of 3

Filing Fee: \$25.00