L13000117356

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SEURETARY OF STATE
TALLAMASSEE, FLORIDA



COVER LETTER

TO:

Registration Section

Division of Corporations 3

SUBJECT:

BRICKELL 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:

Juan Carlos Olivares

Name of Person

BRICKELL RENT A CAR LLC

Firm/Company

888 Biscayne Blvd #5502

Address

Miami, FL 33132

City/State and Zip Code

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

For further information concerning this matter, please call:

Juan Carlos Olivares

786,493-1250

Name of Person

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

BRICKELL RENT A CAR LLC

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

The Articles of Organization for this Limited Liability Compa	any were filed on Septem	er 05, 2013 and assigned
Florida document number L13000117356		<u> </u>
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited l	liability company here:	
N/A	·	
The new name must be distinguishable and end with the words "L" "L.L.C."	Limited Liability Company," th	ne designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:	N/A	
(Principal office address MUST BE A STREET ADDRESS	2	<u>μ</u> . ω
		€ - E
Enter new mailing address, if applicable:	N/A	me m
(Mailing address MAY BE A POST OFFICE BOX)		
		## ## ## ## ## ## ## ## ## ## ## ## ##
B. If amending the registered agent and/or registered registered agent and/or the new registered office address		ecords, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Flo	orida street address
		, 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, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	ABBAS, SUHEIL	888 BISCAYNE BLVD #5502	_ Add
		MIAMI, FL 33132	Remove
MGRM	WEHBE, JORGE	888 BISCAYNE BLVD #5502	Add
		MIAMI, FL 33132	Remove
MGRM	COMERCIAL ELIAS 2002 CA	AV SAN MARTIN ESQ ANGELITO EL SILENCIO	Add
		EDIF ANGELITO LOCAL #1-3 XX	Remove
MGRM	Carol M Gallardo	888 Biscayne Blvd #5502	√ Add
		MIAMI, FL 33132	Remove
		E CONTRACTOR OF THE CONTRACTOR	13 DEC -9
		CRIDA	Remove ::
			Add
			Remove

If amending any other information, enter	change(s) here: (Attach additional sheets, if necessary.)
December 04	2013
	•
Mola	
Signature of a Juan Carlos Olivares	member or authorized representative of a member

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Filing Fee: \$25.00

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