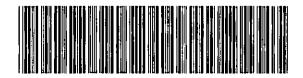
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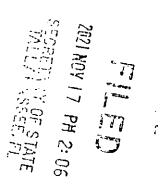
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Y. SCOTT DEC - 4 2021

COVER LETTER

TO:

Registration Section
Division of Corporations

	PREMIUM RENTACAR LLC				
SUBJECT:	Name of Lim	ited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub-	omitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
	JOSE ALFONZO				
		Name of Person		-	
	JRAD 1968 GROUP LLC				
		Firm/Company		- -	
	8180 NW 36TH ST STE 4	107	,	202 SE	
		Address			,
	DORAL,FL,33166		: :	2021 NOV 17 PH 2: 0 SECRETARY OF STATE	7.227a
		City/State and Zip Code		or PH	
	JRAD1968GROUP @GMA	AIL.COM to be used for future annual report note	• •	1.55 S	
For further information c	oncerning this matter, please or		r	90 :	
JOSE MANUEL URDA	- ,	786 663-6548			
Name o	f Person	at () Area Code Daytim	ne Telephone Numbe	et	
Enclosed is a check for the	he following amount:				
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certifie	ate of Status	
Mailing Address Registration S Division of C P.O. Box 632 Tallahassee,	Section Corporations 27	Street Address: Registration Se Division of Coo The Centre of T 2415 N. Monro Tallahassee, FL	rporations Fallahassee e Street, Suite	810	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FLORIDA PREMIUM RENTACAR LLC		
(Name of the Limited Liability Company (A Florida Limited Liab	as it now appears on our records.) bility Company)	
The Articles of Organization for this Limited Liability Company we	ere filed on 10-23-2013	and assigned
lorida document number L13000149510		
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited liabilit	y company here:	
LORIDA PREMIUM INVESTMENT GROUP LLC		
he new name must be distinguishable and contain the words "Limited Liability	Company," the designation "LLC" or t	he abbreviation "L.L.C."
nter new principal offices address, if applicable:		202 SEC
Principal office address MUST BE A STREET ADDRESS)		
_		7
		300 ± 30
nter new mailing address, if applicable:		7 PH
Mailing address MAY BE A POST OFFICE BOX)		
		ले ज
. If amending the registered agent and/or registered office adorest and/or the new registered office address here:	lress on our records, enter the	name of the new regist
		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florida	1
	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 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 amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person_being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
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			□Change
			□Add
		□Remove	
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			SECRIPTION DANGE PH NOTE STATE OF STATE
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Effecti	ve date, if other than the date of filing:
	ective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as
docum	ent's effective date on the Department of State's records.
e recon	I specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
rd is fil	ed.
	MOVEMBER 00
n., 1	NOVEMBER 08 2021
Dated .	
Dated .	< hull facilities
Dated	- fulledacieta:
Dated .	Signature of a member or authorized representative of a member

Filing Fee: \$25.00