# L13000151663

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#### **COVER LETTER**

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Registration Section Division of Corporations

SUBJECT:

### KASH 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:

#### ADRIEL DE ARMAS

Name of Person

#### KASH RENT A CAR LLC

Firm/Company

#### 5011 W HILLSBOEOUGH AVE STE N

Address

TAMPA, FL 33634

City/State and Zip Code

#### CONEXIONAUTO@GMAIL.COM

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

For further information concerning this matter, please call:

#### ADRIEL DE ARMAS

813 842-2969

Name of Person

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

■ \$25.00 Filing Fee

□\$30.00 Filing Fce & 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

FILED

# ARTICLES OF AMENDMENT 2013 NOV -8 PM 1: 59 TO ARTICLES OF ORGANIZATION SECRETARY OF STATE

OF TALL ##455EE, PLORIDA

## KASH 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 Company were filed on 10/28/2013 and assigned Florida document number L13000151663 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: COMFORT RENT A CAR LLC The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address , Florida

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.

City

If Changing Registered Agent, Signature of New Registered Agent

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 <u>Title</u> <u>Name</u> **Address** Type of Action Remove Remove Remove Remove

	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)	_
•		<u> </u>
		_
.d	11-05-13	_
	Signature of a member or authorized representative of a member ADRIEL DE ARMAS	
	Typed or printed name of signee	•

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Filing Fee: \$25.00

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