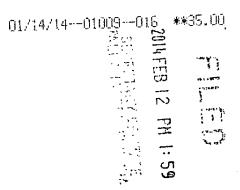
# 1300151663

(Req	uestor's Name)	
(Addı	ress)	-
	•	
(Addı	ress)	
(City/	/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Busi	iness Entity Nar	ne)
(Doc	ument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to F	iling Officer:	
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Office Use Only



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#### FLORIDA DEPARTMENT OF STATE Division of Corporations

February 3, 2014

ADRIEL ARMAS 5011 W. HILLSBOROUGH AVE, STE N TAMPA, FL 33634

SUBJECT: COMFORT RENT A CAR LLC

Ref. Number: L13000151663

We have received your document for COMFORT RENT A CAR LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1)(b), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Tammi Cline Regulatory Specialist II

Letter Number: 814A00002397:



## FLORIDA DEPARTMENT OF STATE Division of Corporations

January 24, 2014

ADRIEL ARMAS 5011 W. HILLSBOROUGH AVE, SUITE N TAMPA, FL 33634

SUBJECT: COMFORT RENT A CAR LLC

Ref. Number: L13000151663

We have received your document for COMFORT RENT A CAR LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Tammi Cline Regulatory Specialist II

Letter Number: 714A00001639

#### **COVER LETTER**

Division of Cor				
SUBJECT:	Comfort R	ent A Car LLC	<u>.</u>	
	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	Adrie	De Armas Name of Person		
·	Comf	or Rent A C	ar LLC.	
	5011 w. H	illsborough Au	. suite N.	
	Tampa,	FL 33 C 3 4 City/State and Zip Code	<u> </u>	2014 FEB
	comfort en E-mail address: (	ta car 1@ gmRi l to be used for future annual report notif	cation)	EB 12 PH
For further information of	concerning this matter, please c	all:		TO :
Adriel Name o	De Armas	at (% \3) 842- Area Code Daytime	- 2969 Telephone Number	PH 1:59
Enclosed is a check for t	he 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 Tallahussee, 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

(Name of the Limited	The Part A Car LLC.  Liability Company as it now appears on our records.  A Florida Limited Liability Company)	<u>,)</u>	_	
The Articles of Organization for this Limited Lial Florida document number <u>L 13 000 15 1</u>		13 and	assigned	
This amendment is submitted to amend the follow	ving:			
A. If amending name, enter the new name of t	the limited liability company here:			
The new name must be distinguishable and end with the wo	ble:	" or the abbreviatio	n "L.IC."	<del></del>
Enter new mailing address, if applicable:		\$ cs	2014F	<u> </u>
(Mailing address MAY BE A POST OFFICE B	<u>OX)</u>		<u> </u>	(PCSCP)
B. If amending the registered agent and/o	r registered office address on our records,	enter the nar	2 PH th	i i i i i i i i i i
registered agent and/or the new registered offi		in the man	59	<u>e new</u>
Name of New Registered Agent:				
New Registered Office Address:	Enter Florida street address	, <u> </u>		_
		rida		
	City	Zip Co	ode	

#### 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 the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager AMBR = Authorized Member **Type of Action** Address **Title** <u>Name</u> Jessica Rivero MGR SOII W. Hills borough Ave MAD Tampa, FL 33634 DAdd □ ☐ Remove □ Remove ☐ Remove \_□ ∧dd \_\_\_\_\_ □ Remove

If amending any other information, enter change(s) here: (Attack	additional sheets, if necessary.)
	, ,
Effective date, if other than the date of filing:  (The effective date must be specific, cannot be prior to date of receipt or filed date and	(optional)
(The effective date must be specific, cannot be prior to date of receipt or filed date and the date this document is filed by the Florida Department of State)	d cannot be more than 90 days after
Dated,	$\frown$
Signature of a member or authorized repre	entative of a member
Signature of a member or authorized repre	entative of a member  De Armas

Page 3 of 3

American Sample

Filing Fee: \$25.00