L13000160707

(Re	equestor's Name)	
(Ac	ldress)	
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(Ci	ty/State/Zip/Phone	e #)
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JHO 5 2016 J. HARRIS

COVER LETTER

Division of Corporations
SUBJECT: OND RENT A CAR, LLC Name of Limited Liability Company
Name of Entitied Clabinty Company
The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following:
The state of the s
ONICY SIEBBAALTA
Name of Person
OND, RENT A CAR LLC
Firm/Company
10460 NW 58+ TER
Address
000.1 5.00.00 02.10 8
DO BAL FLO BIDA 33178 City/State and Zip Code
ONILY @ HOTMAIL. COM
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
ONIN SIERRALTA at (786) 899 - 9630 Name of Person Area Code Daytime Telephone Number
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed) 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



FLORIDA DEPARTMENT OF STATE Division of Corporations

December 16, 2015

ONILY SIERRAALTA 10460 NW 58TH TER DORAL, FL 33178

SUBJECT: ONDI RENT A CAR, LLC

Ref. Number: L13000160707

15 DEC 28 PH 2: 41

We have received your document for ONDI RENT A CAR, LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Page 2 & 3 is missing.

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.

Jenna D Harris Regulatory Specialist II

Letter Number: 215A00026372

2015 DEC 28 AH IO: 16

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ONDI NENT A (Name of the Limited Liabili) (A Florida	TAC LLC ity Company as it now appears on our a Limited Liability Company)	records,)
The Articles of Organization for this Limited Liability C Florida document number <u>しつるののもの</u>	Company were filed on 11/15	2013 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	ited liability company here:	
PRIME DELIVERY, LLC		
The new name must be distinguishable and contain the words "Lim	nited Liability Company," the designation	
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDI	DECC)	errana Total
(Frincipal Office address MOST BE A STREET ADDR	<u></u>	COLUMN CONTRACTOR
		<u>5</u>
Enter new mailing address, if applicable:		<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)		<u> </u>
B. If amending the registered agent and/or registered agent and/or the new registered office add		cords, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida 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 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

٠	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 = Aut	thorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	PEREIRA, DINIS	8432 NW 107+ CT. UNIT 3	⊠ Add
		DORAL, FL 33178	Remove
			Change
MGPM	SIERLALTA, ONILY	8432 NW 107+ CT. UNIT 3	□ Add
			□ Remove
			Change
			□ Add
			□ Remove
			Change
			Add
			Remove
			Change Change Add? Remove
			Add
			Remove
			Change

	
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Note: If the date inserted in this block does not meet the applicable statutory filing requirements, thi	is date will not be listed
locument's effective date on the Department of State's records.	
e record specifies a delayed effective date, but not an effective time, at 12:01	a.m. on the earlier
The 90th day after the record is filed.	
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Page 3 of 3

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