

L14000031217

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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☐ WAIT

☐ MAIL

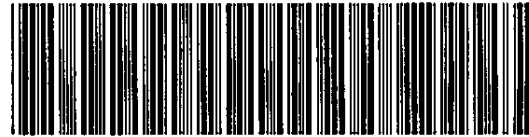
(Business Entity Name)

(Document Number)

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2014 MAR -7 PM12:24
SECRETARY OF STATE
TALLAHASSEE FL 32301

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Eastland Car Rental
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:

Mark Eastland
Name of Person
Eastland Car Rental
Firm/Company
3010 NW 158 St
Address
Miami Gardens FL 33054
City/State and Zip Code
Car/Wade0@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Mark Eastland at (786) 877-3988
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

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2014 MAR - 7 PM 12:24
TALLAHASSEE, FLORIDA

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

(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 2/24/2014 and assigned
Florida document number L14000031217.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

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 _____
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

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TALLAHASSEE FLORIDA

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
Ap	BoBBY Williams		<input type="checkbox"/> Add
		16430 NW 167th ST	<input checked="" type="checkbox"/> Remove
		Opa Locks FL 33054	
AMBR	Michael Clear	3010 NW 158 th	<input checked="" type="checkbox"/> Add
		Miami Gardens FL 33054	<input type="checkbox"/> Remove
MGR	Joseph Frey	3010 NW 158 th	<input checked="" type="checkbox"/> Add
		Miami Gardens FL 33054	<input type="checkbox"/> Remove
MGR	Jack Jones	3010 NW 158 th	<input checked="" type="checkbox"/> Add
		Miami Gardens FL	<input type="checkbox"/> Remove
		33054	
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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TALLAHASSEE FLORIDA

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

E. Effective date, if other than the date of filing: ~~(3/1/2014)~~ 3/5/2014 (optional) (ME)
(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated 3/05, 2014.

Mark Eastland

Signature of a member or authorized representative of a member

MARK EASTLAND

Typed or printed name of signee

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Filing Fee: \$25.00

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FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FL 32304