

3/12/2019 4:53 PM

Division of Corporations

3226

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H19000083963 3)))



H190000839633ABC6

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations  
Fax Number : (850)617-6383

From: Account Name : US TAX CONSULTING INC  
Account Number : 120160000060  
Phone : (407)674-8969  
Fax Number : (407)674-8970

2019 MAR 13 AM 11:42  
TALLAHASSEE, FLORIDA

FILED

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: \_\_\_\_\_

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
PRIME TRAVEL LLC

Certificate of Status	1
Certified Copy	0
Page Count	02
Estimated Charge	\$30.00

2019 MAR 13 PM 4:52

JLS  
3-14-19

Electronic Filing Menu

Corporate Filing Menu

Help

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF  
PRIME TRAVEL LLC**

The Articles of Organization for this Florida Limited Liability Company were filed on 09/23/2014 and assigned Florida document number .

Florida document number: L14000148732.

**Article I**

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

**PRIME RENTAL CAR LLC**

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

**Article II**

**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**)

**Article IV**

**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:

**New Registered Agent's Signature, if changing Registered Agent:**

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

\_\_\_\_\_  
Signature of New Registered Agent, if changing

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2019 MAR 13 AM 11:42

FILED

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

Title	Name	Address	Type of Action
-------	------	---------	----------------

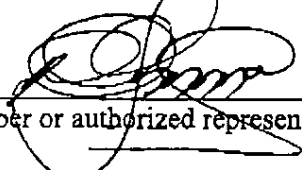
D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

---

E. Effective date, if other than the date of filing: (optional)

(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: March 13, 2019

  
\_\_\_\_\_  
Signature of a member or authorized representative of a member

Rodrigo Cavalcante / Accountant

Typed or printed name of signee

FILED  
2019 MAR 13 AM 11:42  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA