

L15000016753

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

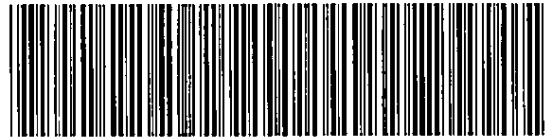
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

19 DEC -6 PM 3:41

FILED

LTS
12-6-19

COVER LETTER

**TO: Registration Section
Division of Corporations**

MIAMI CREDIT UNION LLC

SUBJECT: _____
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:

LEVON ARGUTYAN

Name of Person

Firm/Company

Address

City/State and Zip Code
UNITEDRENTALCAR@MAIL.COM

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

For further information concerning this matter, please call:

LEVON ARGUTYAN

305 877 7717

Name of Person

at (_____) _____
Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

02:21 PM 02 NOV 2019

CELESTIAL

Shoffstall, Lyn

From: Shoffstall, Lyn
Sent: Friday, November 01, 2019 3:23 PM
To: unitedrentalcar@mail.com
Cc: jeremy.smith@flofr.com
Subject: MIAMI CREDIT UNION, LLC

The Office of Financial Regulation with the Department of Financial Services brought to our attention the above named limited liability company was filed in our office in error.

Section 655.922(2), Florida Statutes, state Only a financial institution authorized to do business in this state as provided under subsection (1) may: (a) Transact or solicit business under any name or title that contains the words "bank," "banc," "banco," "banque," "banker," "banking," "trust company," "savings and loan association," "savings bank," or "credit union," or words of similar import, in any context or in any manner;

The purpose of this letter is to inform you of the error and inform you a formal name change amendment is required to be filed to correct this error and ensure no legal action is taken. I am including a link to the appropriate form for your convenience. <http://form.sunbiz.org/pdf/cr2e049.pdf>

I apologize for the omission in our review at the time of filing. The amendment will be processed at no charge as the document should have never been filed.

Please send the name change amendment to my attention for processing.

By copy of this email, the Office of Financial Regulation is made aware of our notice to you.

Feel free to contact me should you have any questions.

Lyn Shoffstall, Bureau Chief
Bureau of Commercial Recording
Division of Corporations
Florida Department of State
850-245-6900

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

FILED

MIAMI CREDIT CORP

19 DEC -6 PM 3:41

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 01/30/2017 and assigned Florida document number L15000016753

This amendment is submitted to amend the following:

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

MIAMI CREDIT GROUP LLC

The new name must be distinguishable and contain 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

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
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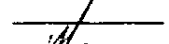
[illegible]

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

November 7, 2019



Signature of a member or authorized representative of a member

LEVON ARGUTYAN

Typed or printed name of signee