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COVER LETTER

Division of Corp.	orations		
SURJECT: Mia	mi Scooter Name of Limite	Rentals LC d Liability Company	
	. •		
The enclosed Articles of A	mendment and fee(s) are submi	tted for filing.	
		-	
Please return all correspond	dence concerning this matter to	the following:	
	Ekateri	na Gushchina Name of Person	
•	Miami Sca	poter hentals l	LC
	326 ND;	xie hwy Address	
, -	Lake Workh	F-L 33460 City/State and Zip Code	
	E-mail address: (took	Just an armail ()m
For further information con	ncerning this matter, please call:		
Ekaderina Name of F	^	at (786) 218 -03	776
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:

TO:

Registration Section

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 Taltahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

18 OCT 29 AH 1: 3-

Miami Scooter (Name of the Limited Liability Course	Rentals LLC any as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited lial	bility company here:
The new name must be distinguishable and contain the words "Limited Liab Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	-326 N. Divie Jury Lake Worth FL (35460)
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	SaG N Dixie huy Lake Worth FL 38860
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address he	office address on our records, enter the name of the new
Name of New Registered Agent: EKart	erina Gushchina
New Registered Office Address: 326	Enter Florida street dedoxess
Lale	Worth Florida 33460

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 Type of Action <u>Title</u> Name □ Change Ekaterina Gushichina 326 334<u>60</u> - Remove ☐ Change □ Add □ Remon □ Řemove □ Change □ Add ☐ Remove Change □ Add □ Remove _□ Change

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E. Effe	ctive date, if other than the date of filing: $\frac{10/2\overline{b}/18}{}$ (optional)
(II 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 11 the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as
doci	iment's effective date on the Department of State's records.
If the r	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of ne 90th day after the record is filed.
(0)	
	ad 10/25/18
Date	d 10/2016
Date	d 10/20116
Date	Signature of a monther or authorized representative of a member

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Filing Fee: \$25.00