

(Re	questor's Name)	
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(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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OCT 2.7 2016 S. YOUNG SECRETARY OF STATE TALLAHASSEE, FLIGHIOA September 30, 2016

SHELDON FORDE 5301 NW 12TH STREET LAUDERHILL, FL 33313

SUBJECT: 1ST CLASS CAR RENTAL LLC

Ref. Number: L15000209241

We have received your document for 1ST CLASS CAR RENTAL 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):

Your entity was administratively dissolved or its certificate of authority was revoked for failure to file the annual report/uniform business report as required by law. To reinstate this entity complete the enclosed application/report form.

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.

Shelia H Young Regulatory Specialist II

Letter Number: 616A00020868

SEDRETARY OF STATE A

COVER LETTER

TO:	Registration Se Division of Co				
SUBJ	JECT:				
		Name of Lim	ited Liability Company		
The e	nclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please	e return all correspo	ondence concerning this matter	1 T 0 1		
			Firm/Company		,**
		5301 NW	ath ST	1	
		Lauderhill, F	C 33313	IAL IAL	2
		_ She Hom 07	City/State and Zip Code Covological Covol	SECRETA SECRETA Sication)	RECE
For fu	orther information of	concerning this matter, please ca	all:	SSEE FL	m
S	heldon Name o	Farde	at (<u>75 U</u>) <u>779-(</u> Area Code Daytime	o732 85 8	¥ NAZ
Enclo	sed is a check for t	he following amount:		(A CER
□ \$2	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)	HARY OF STANASSEE, FLOR
	Regist	ING ADDRESS: ration Section	STREET/COURI Registration Section	n	38

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

OF.

IST CIASS CAR NEW	STAC "L.C."	<u></u>
(Name of the Limited Liability Company as it r (A Florida Limited Liability (Company)	
The Articles of Organization for this Limited Liability Company were fill Florida document number <u>L15000 a09241</u> .	led on 12/10/16	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability confirmed supports the new name must be distinguishable and contain the words "Limited Liability Confirmed Liability Conf	1)	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 RE A POST OFFICE ROY)		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office ac	ldwood on our woodwde onte	a - Divo
b. If amending the registered agent and/or registered office at	iuress on our records, ente	er the name of-the
registered agent and/or the new registered office address here:	iuress on our records, <u>ent</u>	GRETAL LAHAS SEP 2
registered agent and/or the new registered office address here: Name of New Registered Agent:	iuress on our records, <u>ente</u>	SEP 26
registered agent and/or the new registered office address here:	Enter Florida street address	GRETAL LAHAS SEP 2
registered agent and/or the new registered office address here: Name of New Registered Agent:	Enter Florida street address , Florida	SEP 26 PM

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 rearoved from our records:

<u> Fitle</u>	<u>Name</u>	Address	Type of Action
			Add
		· · · · · · · · · · · · · · · · · · ·	Remove
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