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COVER LETTER

Div	ision of Corpo	rations				
SUBJECT:		E FLEET FINANCE LLC				
Name of Limited Liability Company						
The enclosed	l Articles of An	nendment and fee(s) are subm	nitted for filing.			
Please return	all correspond	ence concerning this matter to	the following:			
		DANIEL E FERNANDEZ				
			Name of Person	H 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
ENTERPRISE FLEET FINANCE LLC						
			Firm/Company			
3216 CURRY WOODS CIR						
			Address			
		ORLANDO, FL 32822				
			City/State and Zip Code			
		DFERNANDEZ1962@GMA				
		E-mail address: (to	be used for future annual report n	otification)		
For further in	formation con	cerning this matter, please cal	l:			
DANIEL E	FERNANDEZ		321 287-9480 at ()			
	Name of Po	erson	Area Code Days	ime Telephone Number		
Enclosed is a	check for the i	following amount:				
■ \$25.00 F	iling 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
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ENTERPRISE FLEET FINANCE LLC			
(<u>Name of the Limited Liability Co</u> (A Florida Lim	mpany as it now appears on our records.) ited Liability Company)	<u> </u>	
The Articles of Organization for this Limited Liability Comp	any were filed on 02/25/2016	and assig	gned
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 contain the words "Limited I	Liability Company," the designation "LLC" or the a	bbreviation "L.L.	.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS	<u> </u>		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	7108 OVERLAND RD ORLANDO FL 32810		
B. If amending the registered agent and/or registered	d office address on our records, enter	the name o	f the 1
registered agent and/or the new registered office address		16	
Name of New Registered Agent:		3	- 1, .
New Registered Office Address:		R 10	l syndi Liste
	Enter Florida street address		
	, Florida	N	*****
	City	Zip Cardo	

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> Name <u>Address</u> **Type of Action** □ Add □ Remove ☐ Change _□ Add □ Remove ☐ Change □ Add ☐ Remove 5 □ Change □Ædd Remove ☐ Change _□ Add □ Remove ☐ Change □ Add ☐ Remove

□ Change

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record specifies a delayed effective of the 90th day after the record is filed.		an effectiv	re time, at 12	2:01 a.m. o	n the e	arlier o
ted MARCH 4	, 2016	_·				
Warrief Fan Signature of a	member or authori	ized representa	tive of a member			_

Page 3 of 3

Filing Fee: \$25.00