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(Re	equestor's Name)	
(Ad	dress)	
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(Cit	ry/State/Zip/Phone	e #)
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COVER LETTER

TO:	Registration Se Division of Cor			
SUBJI		SERVICE LLC		
30 20 1		Name of Lin	nited Liability Company	
The en	closed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please	return all correspo	ndence concerning this matter	to the following:	
		NATALIA MEDEIROS		
			Name of Person	·
		CSG-CAPITAL SERVICE	ES GROUP, INC.	
			Firm/Company	
		446 W HILLSBORO BLV	/D	
			Address	
		DEERFIELD BEACH, FI	. 33441	
			City/State and Zip Code	
		NATALIA@THEWAYGR		
		E-mail address: (to be used for future annual report notif	ication)
For fur	ther information co	oncerning this matter, please c	all:	
NATA	LIA MEDEIROS		954 427-4770 at ()	
	Name of	f Person	Area Code Daytimo	e Telephone Number
Enclose	ed is a check for th	e following amount:		
□ \$25	5.00 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: 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

SS SMART SERVICE LLC		
(Name of the Limited Liabi (A Florid	lity Company as it now appears on our records.) la Limited Liability Company)	
The Articles of Organization for this Limited Liability	Company were filed on 03/10/2016	and assigned
Florida document number L16000050060	·	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	nited liability company here:	
4U RENT A CAR LLC		
The new name must be distinguishable and contain the words "Lin	nited Liability Company," the designation "LLC" or th	e abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADD	RESS)	
		15
Enter new mailing address, if applicable:		<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)		, 13
		E Superior S
		,
B. If amending the registered agent and/or regis		er the name of the new
registered agent and/or the new registered office add	iress here:	,
N 531 5 11 14		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida stréet address	1
	, Florida	
	City	Zip Code

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

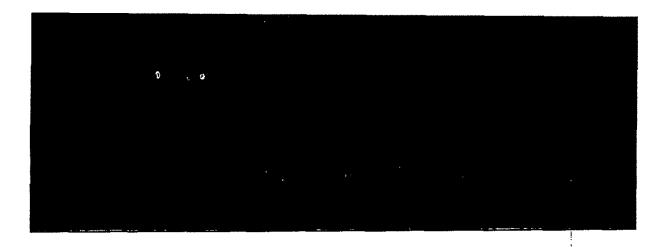
I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided 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>	Address	Type of Action
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