## L/6000050060

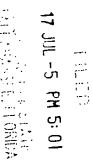
()	Requestor's Name)
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S. WARREN JUL 0 7 2017

## **COVER LETTER**

4U RENT	A CAR LLC		
Object:	Name of Lim	ited Liability Company	<del></del>
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	NATALIA MEDEIROS		
		Name of Person	
	CSG-CAPITAL SERVICE	ES GROUP, INC.	
		Firm/Company	<del></del>
	446 W HILLSBORO BLV	TD	
	_	Address	
	DEERFIELD BEACH, FL	. 33441	
		City/State and Zip Code	
	NATALIA@THEWAYGR		
		to be used for future annual report notif	leation)
for further information of	concerning this matter, please ca	111:	
NATALIA MEDEIROS		954 427-4770	
Name (	of Person	at () Area Code Daytime	Telephone Number
Enclosed is a check for t	he following amount:		
□ \$25.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy radditional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclose

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

4U RENT A CAR LLC		
(Name of the Limited Liability Comp (A Florida Limited	any as it now appears on our re Liability Company)	cords,)
The Articles of Organization for this Limited Liability Companiform L16000050060	y were filed on	and assigned
- <del></del>		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
2U RENT A CAR LLC		
The new name must be distinguishable and contain the words "Limited Liaf	oility 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 rec	cords, enter the name of the ne
registered agent and/or the new registered office address he	<u>·re</u> :	
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street o	ultress
		, Florida
	Сиу	
New Registered Agent's Signature, if changing Registered Agen	<u>t:</u>	
I hereby accept the appointment as registered agent and ag provisions of all statutes relative to the proper and complet accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered offic company has been notified in writing of this change.	e performance of my dutie provided for in Chapter (	es, and I am familiar with and 505, F.S. Or, if this disaument is

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 🗖 Add □ Remove \_\_\_\_\_ Change \_□ Add \_□ Remove \_\_\_\_ Change □ Remove \_\_ 🗆 Change □ Add \_\_□ Remove \_\_ 🗆 Change □ Add Remove က် □**d\$**emove

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effective date is listed, the care of the date inserted in	this block does not	d cannot be prior to a meet the applicabl	ate of filing of more e statutory filing of	quirements, this c	ling.) Pursuant to 605.0 late will not be listed
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