# L100088260

(Requestor's Name)
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(Business Entity Name)
(Document Number)
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M. CALL ZO MITH 39

S. WARREN 0CT 2 3 2017

### COVER LETTER ...

10: Registration So Division of Cor		
SUBJECT:	Auto Rent 123 LLC	
	Name of Limited Liability Company	
The enclosed Articles of	f Amendment and fee(s) are submitted for filling.	
Please return all correspo	ondence concerning this matter to the following:	
	Gonzulo Un Idovinos	
	Auto Pent 123 LLC Firm-Company	
	Firm Company	
-	4019 NW ZS St	
·	Address	
	Minami, FL 33142 City/State and Zip Code	
•	Explorer Sale hot mail. Com E-mail address: (to be used for future annual report notification)	
For further information of	concerning this matter, please call:	
Ganza	at (186) 985 6357  Area Code Daytime Telephone Number	
Name o	of Person at (186) 985 6357  Area Code Daytime Telephone Number	
Enclosed is a check for t	•	
\$25,00 Filing Fee	☐ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee Certificate of Status	atus &

#### 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

( <u>Name of the Limited Liability Comp</u> (A Florida Limited	any as it now appears Liability Company)	on our records.)
The Articles of Organization for this Limited Liability Company Florida document number <u>L16000 88260</u> .	y were filed on <u>O</u>	5/04/201 b and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab Top Miami Enterpris  The new name must be distinguishable and contain the words "Limited Liab	<u>.</u>	
	mity Company. The des	ignation "LLC" or the appreviation "L.L.C.
Enter new principal offices address, if applicable:	<u></u>	·
(Principal office address MUST BE A STREET ADDRESS)		
		<del> </del>
Enter new mailing address, if applicable:	<u> </u>	
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address he  Name of New Registered Agent:	<u>re</u> :	our records, enter the name of the new
New Registered Office Address:	Enter Floria	a street address
		Florida
<del></del>	City	, Florida Zip Code
New Registered Agent's Signature, if changing Registered Agent	<u>:</u>	
I hereby accept the appointment as registered agent and ag provisions of all statutes relative to the proper and complete		

If Changing Registered Agent, Signature of New Registered Agent

accept the obligations of my position as registered agent as provided for in Chapter 605, F.S.  $\overrightarrow{Or}$  if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited  $\overrightarrow{H}$  ability

company has been notified in writing of this change.

GR = M IBR = A	lanager .uthorized Member		i .
<u>le</u>	<u>Name</u>	Address	Type of Action
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Filing Fee: \$25.00