

L16000137082

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

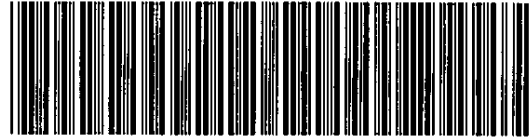
(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS

O SIMMONS

SEP 30 2016

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: EURO LUXURY CAR RENTALS, LLC**

\_\_\_\_\_  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

AMATO B, BUCCIARELLI

\_\_\_\_\_  
Name of Person

EURO LUXURY CAR RENTALS, LLC

\_\_\_\_\_  
Firm/Company

11403 NW 89 ST # 109.

\_\_\_\_\_  
Address

DORAL, FLORIDA 33178

\_\_\_\_\_  
City/State and Zip Code

euroluxurycarrentals@gmail.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

AMATO B BUCCIARELLI

786 2805737  
at ( )

\_\_\_\_\_  
Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$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)

**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**

EURO LUXURY CAR RENTALS, LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 07/21/2016 and assigned  
Florida document number L16000137082.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

NA

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

NA

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

NA

(Mailing address MAY BE A POST OFFICE BOX)

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

JENNIFER PINCHEVSKI

New Registered Office Address:

11403 NW 89 ST # 109

*Enter Florida street address*

DORAL

*City*

Florida 33178

*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>	<u>Address</u>	<u>Type of Action</u>
MGR	JENNIFER PINCHEVSKI	11403 NW 89 ST # 109. DORAL	<input checked="" type="checkbox"/> Add
		FL 33178	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	MASSIMILIANO DENTE	11403 NW 89 ST # 109. DORAL	<input type="checkbox"/> Add
		FL 33178	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	AMATO B. BUCCIARELLI	11403 NW 89 ST # 109. DORAL	<input checked="" type="checkbox"/> Add
		FL 33178	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Remove
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FD-36

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated SEPTEMBER 19, 2016, 5.00 PM

  
\_\_\_\_\_  
Signature of a member or authorized representative of a member

AMATO B BUCCIARELLI  
\_\_\_\_\_  
Typed or printed name of signee