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COVER LETTER

TO:	Registration Sec Division of Corp			
., SUBJI	ест:	budget Bi-Rit Name of Limit	e Rental Cavided Liability Company	sllc
		Amendment and fee(s) are subn		
Please	return all correspon	ndence concerning this matter t	o the following:	
		AShe	U Bishop!	
		Bi-1	Rite Sales LLC	
		15	OD US HUU Address	<u> 295.</u>
			City/State and Zip Code	<u>33805</u>
		E-mail address: (to	JCM NUCO YOU DO WE USED FOR FUTURE ANNUAL TEPORT IN LIFE	hoo Com
For fur	ther information co	oncerning this matter, please ca	II:	
	ASNIE OF	W Bishap Person	at (803) 443- Area Code Daytime	Telephone Number
Enclos	ed is a check for th	e following amount:		
□ \$2	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

BUCKET BI-KITE	Kental Cars LLC	
(<u>Name of the Limited Liability Company</u> (A Florida Limited Lia	v <u>às it now appears on our records.</u>) ability Company)	
The Articles of Organization for this Limited Liability Company w Florida document number	vere filed on <u>Alollo</u> an	d assigned
This amendment is submitted to amend the following:	()	
A. If amending name, enter the new name of the limited liabili	ty company here:	
Ri-Rite Sales LLI		
The new name must be distinguishable and contain the words "Limited Liability	Company," the designation "LLC" or the abbreviation	on "L.L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	1500 US HWY2:	7504h 3386
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	1500 US HWY Man parkir	2750UH 3385
B. If amending the registered agent and/or registered office registered agent and/or the new registered office address here:		me of the new
Name of New Registered Agent:	OF THE PROPERTY OF THE PROPERT	용 <u> </u>
New Registered Office Address:	Enter Florida street address	
	, Florida	8: 5
	City The C	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, Thereby 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 Type of Action <u>Title</u> <u>Name</u> <u>Address</u> □ Add Remove ☐ Change ☐ Add ☐ Remove ☐ Change □ Add ☐ Remove Olvision of consons violes □ Add ☐ Remove □ Change □ Add ☐ Remove ☐ Change

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ocument's effectiv	e date on the Department of State's r	ecords.		
e record specif	es a delayed effective date, b	out not an effective time, a	t 12:01 a.m. on the earli	er o
	after the record is filed.	1 1		
ated 50 W	lember 28th, 21	016.		
	(0000)	or authorized representative of a mer	nber	
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Page 3 of 3

Filing Fee: \$25.00