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S. WARREN QCT 2 5 2017

COVER LETTER

TO:	Registration Se Division of Cor			
cun u		ΓA CAR SALE, LLC		
SUBJI	ECI:	Name of Lim	ited Liability Company	
The en	iclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please	return all correspo	ndence concerning this matter	to the following:	
		DE OLIVAL, FRANCISC	O A.	
			Name of Person	
		VCS VENTA CAR SALE	, LLC	
			Firm/Company	
		7860 NW 55 STREET		
			Address	
		DORAL FLORIDA 33166		
			City/State and Zip Code	
		deolival@hotmail.com		
		E-mail address; ()	to be used for future annual report noti	fication)
For fu	rther information c	oncerning this matter, please ca	all:	
DE OLIVAL, FRANCISCO A.			305 4369702 at ()	
	Name o	f Person	at () Area Code Daytim	e Telephone Number
Enclos	sed is a check for th	ne following amount:		
\$2	5.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Fiting 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

DocuSign Envelope ID: B4F7EB8B-4CBC-4579-AA39-1D33A73AD5EC ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

VCS VENTA CAR SALE, LLC		
(Name of the Limited Lial (A Flor	bility Company as it now appears on our rida Limited Liability Company)	records.)
The Articles of Organization for this Limited Liability	Company were filed on $\frac{01/09/2017}{}$	and assigned
lorida document number L17000005751	·	
his amendment is submitted to amend the following:	:	
A. If amending name, enter the new name of the li	imited liability company here:	
VCS RENT A CAR, LLC		
The new name must be distinguishable and contain the words "L	Limited Liability Company," the designation	"LLC" or the abbreviation "L.L.C."
Inter new principal offices address, if applicable:		
Principal office address MUST BE A STREET AD	DRFCC)	
i incipal office address moot be nother to his		
		
Enter new mailing address, if applicable:	-	
Mailing address MAY BE A POST OFFICE BOX)	<u> </u>	
If amending the registered agent and/or registered agent and/or the new registered office ad		cords, enter the name of the ne
egistered agent and/or the new registered office at	duress nere.	
Name of State Davidson d. Amore		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street	address
		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 familians with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this @cument 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

DocúSign Envelope ID: B4F7EB8B-4CBC-4579-AA39-1D33A73AD5EC in americany Authorized rerson(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
		 -	Remove
			Change
			Add
			☐ Remove
			Change
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			PR D Remove
			□ Change

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Effective date, if other than the d	ate of filing:	ior to date of filing or mo	(option	nal) iling \ Pussuant to 605 02
Note: If the date inserted in this bloc	k does not meet the app	licable statutory filing	requirements, this	date will not be listed
locument's effective date on the Dep	artment of State's record	ds.		
e record specifies a delayed on the poth day after the record	effective date, but in d is filed.	not an effective ti	me, at 12:01 a.	m. on the earlier
the sour day after the recor	a 15 mes.			
OCTOBER, 09	2017			
Dated	·	 ·		70
DocuSigned	by:			00 1
	/ ignature of a member or au	thorized representative of	of a member	FILED 123 PH
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DE OLIVAL, FRANCISC		•		PH 12: PH 12: □ → S 1:

Page 3 of 3

Filing Fee: \$25.00