# L17000072402

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SECRETARY OF STATE TALLAHASSEE, FLORIDA

APR 2 0 2017 S. YOUNG

## **COVER LETTER**

TO:	Registration Sec Division of Corp		A			
CUDI	ect.	YourRe	entalCar LLC			
SUBJI	EC1:	Name of Limi	Name of Limited Liability Company			
The en	closed Articles of A	mendment and fee(s) are sub	nitted for filing.			
Pl <b>c</b> ase	return all correspon	dence concerning this matter	to the following:			
		<b>46</b> 0	Sonia Becerra	<del></del>		
			Name of Person			
			Swyft Filings, LLC			
			Firm/Company			
	12605 East Freeway, Suite 509					
			Address			
	·		Houston, Texas 77015			
			City/State and Zip Code			
			filings@swyftfilings.com		7 79	
		E-mail address: (t	o be used for future annual report notific	cation)	THE SHA	
For fur	ther information cor	ncerning this matter, please ca	ll:		3 33	
	Sonia Be		at (877 ) 777-045		O P	
	Name of I	Person	Area Code Daytime	Telephone Number	LAHASSIE FLORIDA	
Enclose	ed is a check for the	following amount:			OP	
<b>X</b> \$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 Statu Certified Copy (additional copy is encl		

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**

### YourRentalCar LLC

(Name of the Limited Liability C (A Florida Li	Company as it now appears on our records.) mited Liability Company)	<del></del>
the Articles of Organization for this Limited Liability Com- lorida document number <u>L17000072402</u> .	npany were filed on 03/30/2017	and assigned
his amendment is submitted to amend the following:		
. If amending name, <u>enter the new name of the limited</u>	d liability company here:	
he new name must be distinguishable and contain the words "Limited	d Liability Company," the designation "LLC" or the	abbreviation "L.L.C."
nter new principal offices address, if applicable:		·····
Principal office address MUST BE A STREET ADDRES	<u></u>	
Enter new mailing address, if applicable:  Mailing address MAY BE A POST OFFICE BOX)		T APR 19 P
t. If amending the registered agent and/or register	red office address on our records, ent	جن er the name of the
egistered agent and/or the new registered office addres	s here:	<del>-</del>
gistered agent and/or the new registered office address  Name of New Registered Agent:	ss here:	
egistered agent and/or the new registered office addres	Enter Florida street address	
egistered agent and/or the new registered office addres  Name of New Registered Agent:	ss here:	

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>	Type of Action
AMBR	Nageswara Rao Sure	3947 Lionheart Dr	<b>X</b> Add
		Jacksonville, FL 32216	□ Remove
			□ Change
			☐ Remove
			☐ Change
			OAN
		<del></del>	□ Add Property Remove
			Changes F. F. C. St. C. St. C. F. C. St.
<del></del>			Add 5
			□ Remove
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n effective date is l ote: If the date is	other than the dat isted, the date must be aserted in this block we date on the Depar	specific and can does not meet	the applicable s	e of filing or m tatutory filin	ore than 90 da g requiremen	( <b>optional</b> ) ys after filing.) Ints, this date w	orsuant to 605.020
record specifies 90th day	fies a delayed eff after the record	ective date is filed.	e, but not an	effective t	ime, at 12	2:01 a.m. or	n the earlier o
ted April 14		,	<u>2017</u> .				
	Si-		30	<u> </u>			
	Sigr	ature of a mem	ber of authorized	•			
			Sonia Bec	arra .	Authoriza	d Represent	tativa

Page 3 of 3

Filing Fee: \$25.00