Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H170003155743)))



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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : ALPHA BUSINESS CONSULTING, LLC

Account Number : I20080000061

Phone : (407)582-9830 Fax Number : (407)294-7677

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. \*\*

Email	Address:	 <del>:</del>	 

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN SMART CHOICE RENTAL CARS LLC

Certificate of Status	0
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Help

## COVER LETTER

TO:	Registration Section Division of Corporations
SUBJE	SMART CHOICE RENTAL CARS LLC
	Name of Limited Liability Company
The enc	osed Articles of Amendment and fee(s) are submitted for filing.
Please r	turn all correspondence concerning this matter to the following:
	MARIA PINHEIRO
	Name of Person
	ALPHA BUSINESS CONSULTING, LLC
	Firm/Company
	7022 CARLENE DR
	Address
	ORLANDO, FL 32835
	City/State and Zip Code
	pinheiro:maria@att,ne:
	E-mail address: (to be used for future annual report notification)
For furt	er information concerning this matter, please call:
MARIA	PINHEIRO 407 582-9830
	Name of Person Area Code Daytime Telephone Number



December 5, 2017

## FLORIDA DEPARTMENT OF STATE

Division of Corporations

SMART CHOICE RENTAL CARS LLC 7901 KINGSPOINTE PKWY SUITE 2 ORLANDO, 32819

SUBJECT: SMART CHOICE RENTAL CARS LLC

REF: L17000085476

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The registered agent must sign accepting the designation.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days on your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Judy A Leggett Regulatory Specialist II Registration Section FAX Aud. #: H17000315574 Letter Number: 117A00024454

> 13. 9. 13.

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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limi	ted Linhility Company as it now app (A Florida Limited Liability Compan	pears on our records.)
The Articles of Organization for this Limited I	iability Company were filed on	04/17/2017 and assigned
Florida document number L17000085476	·	
This amendment is submitted to amend the following	lowing:	
A. If amending name, enter the new name of	of the <u>limited liability company</u>	y here:
The new name must be distinguishable and contain the	words "Limited Liability Company," t	he designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if appli-	cable:	N.5 1 map 1 map
(Principal office address MUST BE A STREE	ET ADDRESS)	<u> </u>
Enter new mailing address, if applicable:		요:
(Mailing address MAY BE A POST OFFICE		ų.
		. <u>.</u>
B. If amending the registered agent and registered agent and/or the new registered of	l/or registered office address office address here:	on our records, enter the name of the r
Name of New Registered Agent:	HELIO A CARVALHO	
New Registered Office Address:	7901 KINGSPOINTE PKWY	SUITE 2
- Asperts of State of	Enter	Florida street address
	ORLANDO	, Florida 32819
	Cuy.	Zip Code

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to ac: 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 Apont, 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

Title	<u>Name</u>	<u>Address</u>	Type of Action
MGR	ANTONIO A PAES	7901 KINGSPOINTE PKWY	□ Add
		SUITE 2	
		ORLANDO, FL 32819	☐ Change
MGR	GLAUCO C CARDOSO COSTA	7901 KINGSPOINTE PKWY	■ Add
		SUITE 2	☐ Remove
		ORLANDO, FL 32819	
		· <u>rī</u>	Change
			☐ Remove
		* / * _	Change
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			Remove
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			Remove
			Change

NONE		
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		<u> </u>
tive date, if other than the d	ate of filing:	(optional)
Tective date is listed, the date must b	he specific and cannot be prior to date of filing or more than 90 ik does not meet the applicable statutory filing requires	o days after hing.) Pursuant to our ments, this date will not be lis
ment's effective date on the Dep	partment of State's records.	
cord specifies a delayed	effective date, but not an effective time, at	12:01 a.m. on the earl
≥ 90th day after the recor	rd is filed.	
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DECEMBER 01	2017	97
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S	ignature of a menther or authorized representative of a mem	
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