## 217000117887

(Re	equestor's Name)	
(Ad	idress)	
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(Cit	ty/State/Zip/Phone #	<u> </u>
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PICK-UP	☐ WAIT	MAIL
(Bu	ısiness Entity Name	e)
(Do	cument Number)	
Certified Copies	_ Certificates o	of Status
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Special Instructions to	Filing Officer:	
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Office Use Only



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## **COVER LETTER**

	gistration Sect vision of Corpo			
CUD IFÆT.	ZigZag Rent			
SUBJECT:			ed Liability Company	
The enclose	d Anicles of A	mendment and fee(s) are subn	nitted for filing.	
Please retur	n all correspond	dence concerning this matter to	o the following:	
		Andrey Golev		
		<del></del> -	Name of Person	
		ZigZag Rent A Car LLC		
		<del></del>	Firm/Company	· · · · · · · · · · · · · · · · · · ·
		15811 Collins Ave, Apt 380	)3	
			Address	
		Sunny Isles Beach, FL 3316	60	
			City/State and Zip Code	
		admin@zigzagrentacar.com		
		E-mail address: (to	be used for future annual report notificat	ion)
For further	information cor	ncerning this matter, please cal	II:	
Andrey Go	lev		786 510-8053	
	Name of I	Person	at () Area Code Daytime Te	lephone Number
Enclosed is	a check for the	following amount:		
<b>≅</b> \$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:

TO:

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

ZigZag Rent A Car LLC							
( <u>Name of the Limited Lia</u> (A Flo	ability Compa orida Limited I	ny as it now appears on our record Liability Company)	<u>ds.</u> )				
The Articles of Organization for this Limited Liabilit	ty Company	were filed on 05/30/2017	and assigned				
Florida document number L17000117887	·						
This amendment is submitted to amend the following	<b>ુ</b> :						
A. If amending name, enter the new name of the	limited liab	ility company here:					
N/A							
The new name must be distinguishable and contain the words."	Limited Liabil	ity Company," the designation "LLC	C" or the abbreviation "L.L.C."				
Enter new principal offices address, if applicable:		3945 NW 32nd Ave					
(Principal office address MUST BE A STREET AL		Miami, FL 33142	7				
			<u> </u>				
Enter new mailing address, if applicable:		N/A	13 E				
(Mailing address MAY BE A POST OFFICE BOX)	)						
	-		R10.2				
B. If amending the registered agent and/or re registered agent and/or the new registered office a			_				
Name of New Registered Agent: N/	/A	<del></del>					
New Registered Office Address:		Enter Florida street addre					
		Erner From all Sireet addre.	<b>აა</b>				
<del></del> -		City, FI	lorida Zip Coxle				
		Cur	zip Cotie				

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>	Address	Type of Action		
MBR	Sergey Gurin	700 W Hillsboro Blvd, Ste 1-100	Add		
		Deerfield Beach, FL 33441	Remove		
			Change		
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ective date, if other than the date of filing:			(option:	al)	
reffective date is listed, the date must be specific and cannot be prior			0 days after fili	ng.) Pursu	
te: If the date inserted in this block does not meet the applic tument's effective date on the Department of State's records		y filing require	ments, this da	ite will n	ot be lis
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record specifies a delayed effective date, but no	nt an effect	tive time at	12·01 a m	n on th	o oarli
The 90th day after the record is filed.	or an ence	are anne, ac	12.01 0.11	1. 011 (	ic cui ii
November 7 2017					
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Alfrinell	AP -				
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Filing Fee: \$25.00