11700012795

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(City/State/Zip/Priorie #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Dasiness Entry Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



200316464492

08/08/18--01001--025 **25.00

نت

AUG 1 1 2010

S. PRATHER

COVER LETTER

, Division of C	Corporations		
GJS TR SUBJECT:	ANSPORTOR LLC		
	Name of L	mited Liability Company	
The enclosed Articles	of Amendment and fee(s) are su	ibmitted for filing.	
Please return all corres	pondence concerning this matte	er to the following:	
	LUCIEN G LAMARRE		
	-	Name of Person	
		Firm/Company	
	1154 NW 100TH AVE		
		Address	
	PEMBROKE PINES FL	ORIDA 33024	
	GJSTRANSPORTOR@0	City/State and Zip Code GMAIL.COM	
	E-mail address:	(to be used for future annual report not	ification)
For further information	concerning this matter, please c	all:	
LUCIEN G LAMARRE		786 376-7787	
Name o	of Person	Area Code Daytim	e Telephone Number
Enclosed is a check for t	he following amount:		
\$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

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

----1)--

GJS TRANSPORTOR LLC			
(Name of the Lim	ited Liability Compa (A Florida Limited	any as it now appears on our red Liability Company)	ords.)
The Articles of Organization for this Limited I	Liability Company	were filed on 7/31/18	and assigned
Florida document number L17000127954			
This amendment is submitted to amend the fol	lowing:		\
A. If amending name, enter the new name	of the limited liab	ility company here:	
AAA CAR RENTAL SERVICES LLC			
The new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the designation "I	LC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		4701 SW 45TH STREET	BLD 8 BAY 26
(Principal office address MUST BE A STREET ADDRESS)		DAVIE FLORIDA 33314	
Enter new mailing address, if applicable:			tal services LL
(Mailing address MAY BE A POST OFFICE BOX)		1124 NM 100	AV
		Pembroka Pines	FL 33024
B. If amending the registered agent and registered agent and/or the new registered of	or registered of	Nice address on our reco	rds, enter the name of the
		_	
Name of New Registered Agent:	LUCIEN G LA	MARRE	
New Registered Office Address:	4701 SW 45T	H STREET BLD 8 BAY 26	
		Enter Florida street ada	lress
	DAVIE	,	Florida 33314
		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 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
			D Add
			□ Remove
			Add
			☐ Remove
			☐ Change
			□ Add
			□ Remove
			Add
·			□ Remove
			☐ Change
			□ Add
			□ Remove
			Change
			☐ Add
			Remove
			☐ Change

	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
,	
-	
•	
`an ef Vote:	ive date, if other than the date of filing: 07-31-18 (optional) fective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207. If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as ment's effective date on the Department of State's records.
e re The	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of 90th day after the record is filed.
ated	7/31/18
raicu	
	Signature of a member or authorized representative of a member

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00