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(R€	equestor's Name)	
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(Cit	ty/State/Zip/Phone	÷ #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nam	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
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COVER LETTER

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	Registration Sec Division of Corp			
SUBJEC		RENTAL CAR LLC		
30 13170		Name of Lim	ited Liability Company	
The encl	osed Articles of a	Amendment and fee(s) are sub	mitted for filing.	
Please re	turn all correspor	ndence concerning this matter	to the following:	
		ABRIANNA BROWN	er Tanneka	Jackson
		PRONTO RENTAL CAR	Name of Person	
		7941 SOUTHGATE BLV	Firm/Company	
		N LAUDERDALE, FL, 33	Address 3068	
		PRONTORENTALCAR@	יי טו	
For furth	er information co	n-mail address; of	to be used for future annual report no	(incation)
ABRIAN	INA BROWN		a1(954) 608	5529
	Name of	Person	Area Code Dayin	ne Telephone Number
Enclosed	is a check for the	e following amount:		
□ \$ 25,0	00 Filing Fee	S30.00 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:

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

Pronto Renta	Car UC	
(<u>Name of the Limited Liah</u> (A Flor	ility Company as it now appears or ida Limited Liability Company)) our records.)
The Articles of Organization for this Limited Liability Florida document number <u>L1700017932</u>		and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the li	mited liability company here:	
The new name must be distinguishable and contain the words "L	imited Liability Company," the desig	nation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADI	ORESS)	
	 -	00 SECH
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
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	•	Ö 🕏
B. If amending the registered agent and/or regregistered agent and/or the new registered office ad	gistered office address on ou ldress here:	ir records, enter the name of the nev
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 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
AMBR	ABRIANNA BROWN		≣ Add
			☐ Remove
			_
			☐ Remove
			□ Remove
			□ Change
		<u></u>	□ Add
			□ Remove
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n effective date is ote: If the date i	f other than the date listed, the date must be sp- inserted in this block do ive date on the Departn	occific and o oes not m	cannot be pr sect the app	ior to date of licable statu	filing or more	than 90 days a	ptional) after filing.) Pa this date wi	arsuant to Il not be	605.02 listed (
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Filing Fee: \$25.00