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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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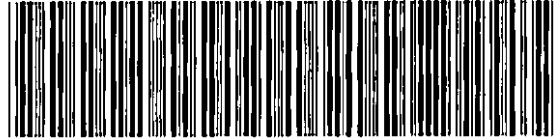
(Business Entity Name)

(Document Number)

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DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

2020 FEB -5 AM 7:12

FILED

MAR 02 2020

S. YOUNG

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: METRO RENTAL MANAGEMENT LLC

\_\_\_\_\_  
Name of Limited Liability Company

The enclosed Articles of Amendment and fees are submitted for filing.

Please return all correspondence concerning this matter to the following:

JAI KUGARAJ

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Firm/Company

Unit 4A, 1 Barbados Ave

\_\_\_\_\_  
Address

TAMPA FL 33606

\_\_\_\_\_  
City/State and Zip Code

KUGARAJK@BELLSOUTH.NET

\_\_\_\_\_  
E-mail address (to be used for future annual report notification)

For further information concerning this matter, please call:

Jai Kugaraj

772

634-9563

at ( )

\_\_\_\_\_  
Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the 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:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

METRO RENTAL MANAGEMENT LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

FILED  
2020 FEB -5 AM 7:12  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 01/01/2018 and assigned

Florida document number L18000001080

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:  
(Principal office address MUST BE A STREET ADDRESS)

Unit 4A, 1 Barbados Ave, Tampa FL 33606.

Enter new mailing address, if applicable:  
(Mailing address MAY BE A POST OFFICE BOX)

Unit 4A, 1 Barbados Ave, Tampa FL 33606.

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

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>       | <u>Address</u>                           | <u>Type of Action</u>                      |
|--------------|-------------------|------------------------------------------|--------------------------------------------|
| MGR          | DEFRETTAS, PERRY  |                                          | <input type="checkbox"/> Add               |
|              |                   | 12230 N. US HWY 441, OCALA FL 34475      | <input checked="" type="checkbox"/> Remove |
|              |                   |                                          | <input type="checkbox"/> Change            |
| MGR          | DeFRETTAS, REGINA |                                          | <input type="checkbox"/> Add               |
|              |                   | 2955 SE 3rd Ct, OCALA FL 34471           | <input checked="" type="checkbox"/> Remove |
|              |                   |                                          | <input type="checkbox"/> Change            |
| MGR          | GANESH KUGARAJ    | Unit 4A, 1 Barbados Ave, Tampa FL 33606. | <input checked="" type="checkbox"/> Add    |
|              |                   |                                          | <input type="checkbox"/> Remove            |
|              |                   |                                          | <input type="checkbox"/> Change            |
|              |                   |                                          | <input type="checkbox"/> Add               |
|              |                   |                                          | <input type="checkbox"/> Remove            |
|              |                   |                                          | <input type="checkbox"/> Change            |
|              |                   |                                          | <input type="checkbox"/> Add               |
|              |                   |                                          | <input type="checkbox"/> Remove            |
|              |                   |                                          | <input type="checkbox"/> Change            |
|              |                   |                                          | <input type="checkbox"/> Add               |
|              |                   |                                          | <input type="checkbox"/> Remove            |
|              |                   |                                          | <input type="checkbox"/> Change            |

11. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

**E. Effective date, if other than the date of filing:** 1/1/2020 (optional)  
(If an effective 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 605.0297 (3)(b)  
**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed

Dated 1 December 31, 2019

\_\_\_\_\_  
Signature of a member or authorized representative of a member

PERRY, DCFREITAS  
Typed or printed name of signee

**Filing Fee: \$25.00**