## 11800061456

(Re	equestor's Name)	<u> </u>
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(Cit	ty/State/Zip/Phone	e #)
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SECRETARY OF COMPORATIONS

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## **COVER LETTER**

ÇI	INFINITY F J <b>BJECT</b> :	RENT A CAR, LLC		
50		Name of Lim	ited Liability Company	
Tŀ	e enclosed Articles of A	amendment and fee(s) are sub-	mitted for filing.	
Ple	ease return all correspor	dence concerning this matter	to the following:	
		CLEITON CARDOSO		
		<u></u>	Name of Person	<del></del>
		DOMINIUM CONSULTI	NG SERVICES	
			Firm/Company	· <del></del>
		6965 PIAZZA GRADE A	VE - SUITE 206	
		-	Address	
		ORLANDO, FL- 32835		
			City/State and Zip Code	
		SERVICES@DOMINIUM		
		E-mail address: ()	to be used for future annual report notifi	ication)
Fo	or further information co	ncerning this matter, please ca	all:	
CAMILA CORREA			407 374-2329 at ()	
	Name of	Person	at () Area Code Daytime	Telephone Number
Er	iclosed is a check for the	following amount:		
Đ	\$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

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

(Name of the Limited Liability Compa (A Florida Limited	nny as it now appears on our records.) Liability Company)		
The Articles of Organization for this Limited Liability Company Florida document number <u>L18000061956</u> .	were filed on	and assigned	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	oility company here:		
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the a	ubbreviation "L.L.G."	
Enter new principal offices address, if applicable:	4606 WEST COLONIAL DRIVE	3EC SECINITION OF THE SECINITION OF THE SECINITI	
(Principal office address MUST BE A STREET_ADDRESS)	ORLANDO, FL - 32808	- XA - 25-	
		0 (S) (S)	
Enter new mailing address, if applicable:	4606 WEST COLONIAL DRIVE	or July Ricerali	
(Mailing address MAY BE A POST OFFICE BOX)	ORLANDO, FL - 32808	9	
B. If amending the registered agent and/or registered o registered agent and/or the new registered office address her		r the name of the n	
Name of New Registered Agent:  New Registered Office Address:	<u>.                                    </u>		
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 agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, and I am provided for in Chapter 605, F.S. Or	familiar with and :. if this document is	

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person\_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	HEITOR PORTES	9136 MANASSAS RDG	Add
		MCKINNEY, TX - 75071	Remove
			Change
AMBR	FABIO ADAILTO SIMOES	9136 MANASSAS RDG	
		MCKINNEY, TX - 75071	☐ Remove
			Change
			Remove
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	<del></del>					
ective date if other than the	date of filing:			(an	tional)	
ective date, if other than the reffective date is listed, the date muster: If the date inserted in this bl	st be specific and ca	nnot be prior to	date of filing or n	ore than 90 days aft	er filing.) Pursuant to vis date will not be	5 605.020 History
rument's effective date on the D			outany iii	5 requirements, ti	in diffe will not be	nace a.
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record specifies a delayed he 90th day after the rec		.e, but not a	in enective	.ime, at 12:01	a.m. on the e	аптег о
AUGUST 31		2018				
ed	· -	2010	•			
		Δ		of a member		

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00