1/8/2019

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Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name -: DOMINIUM CONSULTING SERVICES, LLC

Account Number : I20180000103 : (407)374-2329 Phone ; (407)412-5926 Fax Number

Enter the email address for this business entity to be used for futu annual report mailings. Enter only one email address please.

Email Address: SERVICES @ DOMINIUMCS. COM

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN INFINITY RENT A CAR, LLC

Certificate of Status	0
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Electronic Filing Menu

Corporate Filing Menu

Help

COVER LETTER

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TO: Registration Sect Division of Corp			
	ENT A CAR, LLC		
SUBJECT:	Name of Limit	ed Liability Company	
	amendment and fee(s) are subm		
Please return all correspon	idence concerning this matter to	o the following:	
	CLEITON CARDOSO		
		Name of Person	
	DOMINIUM CONSULTIN	IG SERVICES	
		Finn/Company	<u>.</u>
	6965 PIAZZA GARNDE A	VE - SUITE 206	
		Address	
	ORLANDO, FL - 32835		SSEE SSEE
	SERVICES@DOMINIUM	City/State and Zip Code CS.COM	& & & & & & & & & & & & & & & &
	E-mail address: (to be used for future annual report notifi	ication)
For further information c	oncerning this matter, please co	ali:	•
CAMILA		407 374 - 2329 at ()	
Name 0	f Person	Area Code Daytime	Telephone Number
Enclosed is a check for t	he following amount:		
S25.00 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/COURIER ADDRESS:
Registration Section
Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

INFINITY RENT A CAR, LLC				
(Name of the Limited Lia	bility Company as rida Limited Liabil	it now appears on our reity Company)	(<u>co)ras.</u>)	
The Articles of Organization for this Limited Liabilit Florida document number L18000061956	y Company wer	e filed on 03/08/2018	and assi	gned
This amendment is submitted to amend the following	3.			
A. If amending name, enter the new name of the	limited liability	company here:		
			or total and a liberation was	- Cr
The new name must be distinguishable and contain the words	Limited Liability C	Company," the designation	"LLC" or the abbreviation	<u>.</u>
Enter new principal offices address, if applicable:	<u> </u>			<u> </u>
(Principal office address MUST BE A STREET AL	<u>DDRESS)</u> _			- 17
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX	- 2 -		E. FLONDA	A 8: 55
B. If amending the registered agent and/or registered agent and/or the new registered office	registered offic addr <u>ess here</u> :	e address on our re	ecords, enter the name	of the new
Name of New Registered Agent:				
New Registered Office Address:	<u> </u>	Enter Florida street	t address	
-		City	, Florida Zip Code	
		City	T	

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 ull 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>Name</u>	<u>Address</u>	Type of Action
AURELIO GOMES S NETO		Add
		■ Remove
		Change
JOSE M DO NASCIMENTO		
		■ Remove
		Cl Change
HEITOR PORTES		
		Repove
		D'Change 55
FABIO ADAILTO SIMOES		D-Add
		Remov c
		■ Change
DIEGO DE OLIVEIRA PERES	7341 Mardell Ct,	[Add
	Orlando FL - 32825	Remove
		☐ Change
DIEGO DE OLIVEIRA PERES 7341 Mardell Ct,	7341 Mardell Ct,	Add
	Orlando FL - 32825	☐ Remove
		☐ Change
	JOSE M DO NASCIMENTO HEITOR PORTES FABIO ADAILTO SIMOES DIEGO DE OLIVEIRA PERES	AURELIO GOMES S NETO JOSE M DO NASCIMENTO HEITOR PORTES FABIO ADAILTO SIMOES DIEGO DE OLIVEIRA PERES 7341 Mardell Ct, Orlando FL - 32825 DIEGO DE OLIVEIRA PERES 7341 Mardell Ct,

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Effective date, if other than the da If an effective date is listed, the date must b	ate of filing:	an data of filling or move t	(optional)	s Pursuant to 605.020
Note: If the date inserted in this block	k does not meet the applica	able statutory riting ter	quirements, this date	will not be listed a
document's effective date on the Dep	irtment of State's records.			
he record specifies a delayed o	effective date, but no	t an effective time	e, at 12:01 a.m.	on the earlier o
The 90th day after the recor	d is filed.			
Dated	2019			
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tiego de	mabrie of a member or author	orized representative of	member	

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Filing Fee: \$25.00