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COVER LETTER

TO: Registration Se Division of Cor				
RENTAA	UTOS 24/7 LLC			
SUBJECT:	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return all correspondence	ondence concerning this matter	to the following:		
	MICHAEL GARCIA			
		Name of Person	·····	
	RENTAAUTOS 24/7 LLC	C		
		Firm/Company		
	402 NW 111 TERRACE		ري ماري	202
	Miami Shores FL 33168	Address		2021 AUG -2
		City/State and Zip Code		PH [
	E-mail address: (to be used for future annual report notif	ication)	5:11
For further information of	concerning this matter, please c	ail:		
MICHAEL GARCIA		305 4795567		
Name o	f Person	at () Area Code Daytime	e Telephone Number	
Enclosed is a check for the	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 For Certificate of Certified Copy (additional copy in the cop	Status & y

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

RENTAAUTOS 24/7 LLC			
(<u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appears on our r liability Company)	ecords.)	
The Articles of Organization for this Limited Liability Company Florida document number	were filed on		and assigned
his amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company here:		
ANYTIME LEISURE INVESTMENT LLC			
he new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation	"LLC" or th	e abbreviation "L.L.C."
Inter new principal offices address, if applicable:	4960 NW 165th St B6		
Principal office address MUST BE A STREET ADDRESS)	Miami, FL 33014	رن رينيــ	202
The second of th		250	<u> </u>
			(T) (Texts)
Inter new mailing address, if applicable:		<u> </u>	~
Mailing address MAY BE A POST OFFICE BOX		17.7 Feb.	
			——————————————————————————————————————
		m	<u></u>
3. If amending the registered agent and/or registered office a gent and/or the new registered office address here: Name of New Registered Agent:	address on our records, <u>e</u>	nter the n	•
New Registered Office Address:			
-	Enter Florida street a	uldress	
		_, 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>	Type of Action
MGR	Michael Garcia	402 NW III terrace	jX[Add
		miamishores, FL 3316	Remove □ Remove
			☐ Change
			□Add
			□Remove
		SEC:	☐Change
		AC C C C C C C C C C C C C C C C C C C	2021 Al O Add
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Typed or printed name of signee

MICHAEL GARCIA