Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name

: LARSON ACCOUNTING AND CONSULTING SERVICES LLC

Account Number : I20160000067

Phone

: (407)370-3686

fax Number

: (407)370-3120

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

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN AFS RENTAL GROUP LLC

Certificate of Status	0
Certified Copy	0
Page Count	- 01
Estimated Charge	\$25.00

JUL 18 2019

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Help

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COVER LETTER

TO:	Registration Sec Division of Corp					
		AL GROUP LLC				
SUBJI	SUBJECT:Name of Limited Liability Company					
The en	closed Articles of A	Amendment and fee(s) are sub-	mitted for filing.			
Please	return all correspon	ndence concerning this matter	to the following:			
		CAROLINE LARSON				
			Name of Person			
		LARSON ACCOUNTING	GROUP			
						
	7901 KINGSPOINTE PKWY STE 17					
			Address			
		ORLANDO, FL 32819				
			City/State and Zip Code	2.3.5		
		support@larsonacc.com		9		
		E-mail address: (to be used for future annual report notification)		7	
For fu	rther information co	oncerning this matter, please co	BII:	₩ 0		
CAR	OLINE G LARSON	1	407 3703686			
	Name of	(Person	Area Code Daytime Telepi	hone Number 22	T	
Enclos	sed is a check for th	e following amount:				
■ \$2	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/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassec, FL 32301

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

AFS RENTAL GROUP LLC			
(Name of the Lim	(A Florida Limite	pany as it now appears on our records. d Liability Company)	
The Articles of Organization for this Limited I Florida document number <u>L18000281686</u>	Liability Compar	ny were filed on <u>12/06/2018</u>	and assigned
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name	of the limited li	ability company here:	
N/A			
The new name must be distinguishable and contain the	words "Limited Lit	ibility Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:	N/A	
(Principal office address MUST BE A STRE	ET ADDRESS)		
Enter new mailing address, if applicable:		N/A	19 J
(Mailing address MAY BE A POST OFFICE	E BOX)		
B. If amending the registered agent and registered agent and/or the new registered	d/or registered office address b	office address on our records, ere:	enter the name of the net
Name of New Registered Agent:	N/A		
New Registered Office Address:	- 	Enter Florida street address	
		. Flo	rida
		Cin ^y	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

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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>	Name .	Address	Type of Action
MGR	FLAVIO CESARIO REGIS CARVALHO FILHO	5476 INTERNATIONAL DR STE B	■ Add
		ORLANDO, FL 32819	□ Remove
			Change
			DAdd
			□ Remove
			☐ Change
			Re mo ve
			JUlige Tollinge Tolli
			D Add
			Remove
		<u></u>	☐ Change
			Add
			Remove
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F Effective d	ate, if other that	the date of filir	1g:		(opti	්දී: නො onal) උප	±
Note: If the	date inserted in the	the date of filit te must be specific ar his block does not the Department of	meet the applicab	date of filing or me le statutory filing	re than 90 days after requirements, this	filing.) Pursuan s date will not	ine elements lisa (Total)
If the record (b) The 90th	specifies a del h day after the	ayed effective record is filed	date, but not	an effective ti	me, at 12:01 a	a.m. on the	
Dated JUN	E 4TH		2019	. •			
				zed representative			

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Typed or printed name of signee

Filing Fee: \$25.00