L19000004937/

(Req	questor's Name)	
(Add	Iress)	·
(Add	iress)	
(City	//State/Zip/Phone	#)
PICK-UP	WAIT	MAIL
(Bus	siness Entity Nam	ne)
(Doc	cument Number)	
Certified Copies	Certificates	of Status
Special Instructions to F	Filing Officer:	

Office Use Only



500330176045

08/10/19--01029--004 **25.00

FILED 2019 JUN 10 PM 3: 44

T GLASS JUN 24 2019

COVER LETTER

Division of Cou	VE AUTO RENTALS LLC					
SUBJECT:	Name of Lim	nited Liability Company				
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.				
Please return all correspo	ondence concerning this matter	to the following:				
	MIGUEL ULLOA					
	·	Name of Person		-		
	EXECUTIVE AUTO REN	STALS LLC				
		Firm/Company		-	~ `	
	22784 SE 93RD CT	. ,		27	JE 6107	
	Address				2	; ;;
	CUTLER BAY, FL 33190	ı			0 -	
	miguel.ulloa22@gmail.com	City/State and Zip Code		/ 	2019 JUN 10 PM 3: 44	••••
	E-mail address: (to be used for future annual report notifi	cation)			
For further information c	concerning this matter, please co	all:				
MIGUEL ULLOA		813 732-2338 at ()				
Name o	f Person		Telephone Number	r		
Enclosed is a check for t	he following amount:					
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	te of Statu		
	INC ADDDESS					

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

EXECUTIVE AUTO RENTALS LLC		
(<u>Name of the Limited Liability Cor</u> (A Florida Limit	npany as it now appears on our records.) ed Liability Company))
The Articles of Organization for this Limited Liability Compa	any were filed on 02/19/2019	and assigned
Florida document number L19000049371		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited li	iability company here:	
The new name must be distinguishable and contain the words "Limited Li	iability Company," the designation "LLC" of	
Enter new principal offices address, if applicable:		2019
Principal office address MUST BE A STREET ADDRESS,)	
Enter new mailing address, if applicable:		# 3
Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered egistered agent and/or the new registered office address be		enter the name of the n
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Flor	ida
	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	FRANCISCO RUTINEL	4011 BREWSTER DR	
————			
		WESTLAKE, OH 44145	
			■ Remove
			Change
		 	
			□ Remove
			Change
			20
			L_ L_
			Dadd J.
			• • · · · · · · · · · · · · · · · · ·
			Pange F
			□-Ghange ကြ
			□ t .dq
			□ Remove
			Change
			Remove
			Change
			Add
			
			☐ Remove
			Change
			u Change

						
						_
			- -		·	
		· · ·				_
						_
						 -
	-					
		<u> </u>			<u> </u>	
					2019	_
				* . 57 }	JUN	
					10	_ ;:
					PH	田色
			_		_⇔ —	
				 -	11	
						
						_
ective date, if other than the date of filing: n effective date is listed, the date must be specific and c	annot be prior to	date of filing or m	ore than 90 days at	o tional) fter filing.) Pu	rsuant to	605.02
te: If the date inserted in this block does not me nument's effective date on the Department of Sta	et the applicable te's records.	e statutory filin	g requirements.	this date will	not be l	listed a
•						
record specifies a delayed effective da	te, but not a	an effective t	ime, at 12:0	l a.m. on	the ea	rlier
he 90th day after the record is filed.						
JUNE 4TH	2019					
ed MA	-	•				
			of a member			

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00