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To: Division of Corporations Fax Number : (850)617-6383 From: Account Name : EXPRESS CORPORATE FILING SERVICE INC. Account Number : I200000000146 : (305)444-4994 Phone ; (305)444-4977 Fax Number \*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. \*\* Ċ. Email Address:\_ LLC AMND/RESTATE/CORRECT OR M/MG RESIGN NULU RENT A CAR LLC 0 Certificate of Status

0 Certified Copy 04 Page Count \$25.00 Estimated Charge

Electronic Filing Menu Corporate Filing Menu Help

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| NULU RENT A CAR LLC  |  |  |
|--|--|--|
| (Name of the Limite  | d Linbility Company as it now appears of (A Florida Limited Liability Company) | n our records.)                          |
|  |  |  |
| The Articles of Organization for this Limited Li-  | ability Company were filed on MAY  | 3, 2019 and assigned                     |
| Florida document number £19000117391   | •  |  |
|  |  |  |
| This amendment is submitted to amend the following   | owing:   |  |
| A. If amending name, euter the new name of   | the limited liability company here   | : 2                                      |
| 7. It amount was a second of the second of t |  | 119                                      |
| The new name must be distinguishable and contain the w   | ords "Limited Liability Company," the desi                                     | guation "LLC" or the aboreviation "L.C." |
|  |  |  |
| Enter new principal offices address, if applica  | able:  | 一  |
| (Principal office address MUST BE A STREE  | T ADDRESS)   |  |
|  |  | <del> </del>                             |
|  |  | . 2                                      |
| Enter new mailing address, if applicable:  |  |  |
| (Mailing address MAY BE A POST OFFICE.   | BOX)   |  |
| Andrew Control of the |  |  |
|  | <del></del>  |  |
| B. If amending the registered agent and/   | or registered office address on o  | our records, enter the name of the new   |
| registered agent and/or the new registered of  | hee address here:  |  |
|  |  |  |
| Name of New Registered Agent:  | GABRIEL RAMIREZ  |  |
|  | 11401 SW 40 STREET   |  |
| New Registered Office Address:   |  | z street additess                        |
|  | MIAMI  | , Florida <sup>33165</sup>               |
|  | City   | Zip Code                                 |
| New Registered Agent's Signature, if changing I  | Pagistered Avent   |  |
| · · · —  | ····   | Y Coulous arms to comply with the        |
| I hereby accept the appointment as registere provisions of all statutes relative to the prop   | d agent and agree to act in this ca<br>er and complete performance of m        | v duties, and I am familiar with and     |
| accent the abligations of my position as regu  | stered agent as provided for in Ch   | apter 603, F.S. Or, if this accument 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.  |  |
|  | $\alpha \cdot a = 0$   | (10 · ·                                  |
|  | Galmel   | Kambre -                                 |
|  |  |  |

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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          | GABRIEL KAMIREZ | 11401 SW 40 STREET |                                       |
|              |                 | MIAMI, FL 33165    | □ Remove                              |
|              |                 |                    | ☐ Change                              |
|              |                 |                    | □ Add                                 |
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| Note:                 | ve date, if other than the date of filing:  (optional)  cotive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.  If the date inserted in this block does not meet the applicable statutory filing requirements, this date ent's effective date on the Department of State's records. | ) Pursuant  | to 605.0207<br>se listed as |
|                       |  |             | aavlee ce                   |
| If the rec<br>(b) The | ord specifies a delayed effective date, but not an effective time, at 12:01 a.m.<br>90th day after the record is filed.  | on the C    | earner or                   |
|                       |  |             |                             |
| Dated _               |  |             |                             |
| Dared ]               | Galriel Jamuel   |             | <u>-</u>                    |
| Dated [               |  | <del></del> | <del></del>                 |
| Dated [               | GABRIEL RAMIRE2  Typed or printed name of signee   |             |                             |