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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

: RC TAX SERVICE LLC Account Name

Account Number : I20140000083 : (407)932-0040 Phone

(407)528-5473 Fax Number

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

Email	Address:_	

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

FLEXWAY RENT-A-CAR LLC

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$25.00

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COVER LETTER

TO:	Registration Se Division of Corp			,
		RENT-A-CAR LLC		
SUBJE	.CT:	Name of Limi	ted Liability Company	
The end	closed Articles of	Amendment and fec(s) are subt	nitted for filing.	
Please	return all correspo	ndence concerning this matter	to the following:	
		CARLOS GONZALEZ		
			Name of Person	-
		FLEXWAY VACATION I	LLC	
			Firm/Company	· · · · · · · · · · · · · · · · · · ·
		2809 MOONSTONE BEN	O	
			Address	
		KISSIMMEE FL 34758		
			City/State and Zip Code	
		CARLOS@FLEXWAYRE	ALTY.COM to be used for future annual report to	otification)
_ ^				
For fur	ther information o	oncerning this matter, please of		
CARL	OS GONZALEZ		321 443-4772 at ()	
	Name o	f Person	Area Code Day	ime Telophone Number
Enclose	ed is a check for t	he following amount:		
≡ \$ 2	5.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address Registration Division of C P.O. Box 632 Tallahassee,	Section Corporations 27	===: -	Section

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FLEXWAY RENT-A-CAR LLC	
(Name of the Limited Liability (A Florida	y Company as it now appears on our records.) Limited Liability Company)
The Articles of Organization for this Limited Liability Co	ompany were filed on 11/01/2019 and assigned
Florida document number L19000273538	·
his amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limit	ted liability company here:
FLEXWAY VACATIONS LLC	
he new name must be distinguishable and contain the words "Limi	ited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	20 70
Principal office address MUST BE A STREET ADDR	(ESS)
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	d office address on our records, enter the name of the new reg
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, 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>	Address	Type of Action
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