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## **COVER LETTER**

Tallahassee, FL 32314

	on Section d' Corporations		
0.110.111.000	F DRIVE MIAMI LLC		
SUBJECT:	Name of L	imited Liability Company	•
The enclosed Articl	les of Amendment and fee(s) are si	ubmitted for filing.	
Please return all cor	rrespondence concerning this matter	er to the following:	
	RAFAEL ALVAREZ		
	<del> </del>	Name of Person	
	RENT DRIVE MIAMI I		
		Firm/Company	_
	1319 MERIDIAN AVE	NUE APT 205	
	-	Address	
	MIAMI BEACH, FL 33	139	
		City/State and Zip Code	_
	FPARRADURAN@HOT		
	E-mail address	s: (to be used for future annual report notification)	
For further informat	tion concerning this matter, please	e call:	
RAFAEL ALVARE	EZ	202 492-5298	
N:	ame of Person	at ()	er
Enclosed is a check	for the following amount:		
■ \$25.00 Filing F	ce S30.00 Filing Fee & Certificate of Status	(additional copy is enclosed) Certifie	Filing Fee, cate of Status & ed Copy (all copy is enclused)
<u>Mailing Ac</u> Registrat	ddress: ion Section	Street Address: Registration Section	
Division	of Corporations	Division of Corporations	
P.O. Box	: 6327	The Centre of Tallahassee	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION **OF**

RENT DRIVE MIAMI LLC			
(Name of the Lim	ited Liability Compa (A Florida Limited l	iny as <u>it now appears on our records.</u> ) Liability Company)	
The Articles of Organization for this Limited I Florida document number L19000282208	Liability Company	were filed on 06/23/2021	and assigned
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name of	of the limited liab	ility company here:	
The new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the designation "LLC" or the a	obreviation "L.L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		1319 MERIDIAN AVE	
		APT 205	
		MIAMI BAECH, FL 33139	
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)		1319 MERIDIAN AVE	
		APT 205	
		MIAMI BEACH, FL 33139	
B. If amending the registered agent and/or agent and/or the new registered office addressed agent:  Name of New Registered Agent:	ess here:	address on our records, <u>enter the nan</u> . BUSINESSES CORP	ne of the new regi
	3150 SW 38 A	VE SUITE 1320-F	<u> </u>
New Registered Office Address:	2100 5 11 30 11	Enter Florida street address	Zip Code
	MIAMI	, Florida <sup>33</sup>	رد در 146
		City	Zip Code
New Registered Agent's Signature, if changing	Registered Agent:		10

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
MGR	RAFAEL ALVAREZ	1319 MERIDIAN AVENUE APT 205	🗆 Add
		MIAMI BEACH, FL 33139	□Remove
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	11/14/20	)19		
Fective date, if other than to neffective date is listed, the date in the:  If the date inserted in this cument's effective date on the	block does not meet the app	olicable statutory filing re	(optional) than 90 days after filing.) F equirements, this date w	fursuant to 605.0207 ill not be listed as
ecord specifies a delayed effec	tive date, but not an effectiv	e time, at 12:01 a.m. on	the earlier of: (b) The	90th day after the
is med.				===
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JUNE 23	. 2021	— 1 1		
JUNE 23	. 2021	$-\mathcal{D}A$		\ <u>.</u>
is filed.  JUNE 23  ated	Signature of a member or an	uthovized reptysemative of		1 1 2 1 D

Filing Fee: \$25.00