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## **COVER LETTER**

Tallahassee, FL 32314

TO: Registration So Division of Con						
	RENT A CAR USA LLC					
Name of Limited Liability Company						
The enclosed Articles of	Amendment and fee(s) are sub-	nitted for filing.				
	ondence concerning this matter t					
	MARCOS REZENDE					
	Name of Person					
	CSG - CAPITAL SERVICES GROUP INC					
	Firm/Company					
1191 E NEWPORT CENTER DR #103						
		Address				
	DEERFIELD BEACH - FL 33442					
		City/State and Zip Code				
	CSG@THEWAYGROUP.					
	E-mail address: (1	o be used for future annual report r	notification)			
For further information	concerning this matter, please ca	all:				
MARCOS	954 427-4770					
Name	of Person	at () Area Code Day	time Telephone Number			
Enclosed is a check for t	_					
□ \$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:  Pagistration Section		Street Address: Registration Section				
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 TO ARTICLES OF ORGANIZATION OF

ny as it now appears on our records.) Liability Company)	
were filed on 01/17/2020 and assigned	
ility company here:	
ity Company," the designation "LLC" or the abbreviation "L.L.C."	
5549 N MILITARY TRAIL #2501	
BOCA RATON - FL 33496	
5549 N MILITARY TRAIL #2501	
BOCA RATON - FL 33496	
ddress on our records, enter the name of the new regis	
Enter Florida street address	
times 1 to that Street that ess	
, Florida City Zip Code	

## New Registered Agent's Signature, if changing Registered Agent:

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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
<del></del>			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
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			□Change
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			□ Remove
			□Change
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		<del></del>	□Remove
		<del></del>	□Change
	<del></del>		
			□Remove
			🗆 Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Please change the business name to POTENZA GROUP USA LLC E. Effective date, if other than the date of filing: (optional)
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed. September 21st Dated \_\_ Signature of a member or authorized representative of a member DAVI KRITSKI FILÆO Typed or printed name of signee

Filing Fee: \$25.00