L20000289032

(Requestor's Name)	
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COVER LETTER

TO: Registration So Division of Con				
NUVI REN	NTALS LLC	•		
<u></u>	Name of Lin	nited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	amitted for filing		
	ondence concerning this matter	-		
	KENDELL CASIMIR			
		Name of Person		
	NUVI RENTALS LLC			
		Firm/Company		
	20370 NW 7 AVENUE A	PT 303		
		Address		
	MIAMI FL, 33169			
		City/State and Zip Code		
	NUVIRENTALS@GMAIL			
	E-mail address: (to be used for future annual report noti	fication)	
For further information c	concerning this matter, please c	all:		
KENDELL CASIMIR		786 484-4828		
Name o	f Person		ne Telephone Number	
Enclosed is a check for the	he following amount:			
■ \$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 Addres		Street Address: Registration Se	ction	
Registration Section Division of Corporations		Division of Corporations		
P.O. Box 632		The Centre of T		
i alianassee,	Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810			

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

10: 10 NUVI RENTAL LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on $\frac{09/15/2020}{}$ _____ and assigned Florida document number <u>L20000289032</u> This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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.

MAIMI

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	KENDELL CASIMIR	20730 NW 7 AVENUE APT 303 MIAMI FL, 33169) ≣Add
		MM KENDELL CASIMIR	≡ Remove
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an effective date is listed, the date of the interest of the date inserted in this					
ocument's effective date on the	e Department of	State's records.		•	
record specifies a delayed effe Lis filed.	ctive date, but no	ot an effective tin	ne, at 12:01 a.m. oi	the earlier of: (b)	The 90th day after the
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Typed or printed name of signee