## K20 000328819

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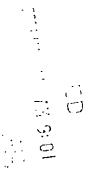
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## **COVER LETTER**

то:	Registration Sec Division of Corp			
CUDIC		RTY CAR RENTAL LLC	<i>.</i>	
SUBJE	UI:	Name of Limi	ted Liability Company	
The enc	losed Articles of	Amendment and fec(s) are sub-	mitted for filing.	
Please re	eturn all correspo	ndence concerning this matter	to the following:	
		LOVETTE DOBSON		
			Name of Person	
		INCFILE.COM LLC		
			Firm/Company	
		17350 STATE HWY 249 S	STE 220	
			Address	
		HOUSTON, TX 77064		
			City/State and Zip Code	<del></del>
		EFILE1234@INCFILE.CO	M to be used for future annual report not	(Martine)
75 C				meationy
For Iun	ner information co	oncerning this matter, please ca		
LOVET	TTE DOBSON		888 462-3453 at ()	
	Name o	f Person	Area Code Daytir	ne Telephone Number
Enclose	ed is a check for the	ne following amount:		
	5.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Section 50.00 Status & Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Addres		Street Address:	ection
	Registration S Division of C		Registration So Division of Co	
	P.O. Box 632	=	The Centre of	-

Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

THIRD PARTY CAF	R RENTAL LLC	
(Name of the Limited Liability Compar (A Florida Limited L	ny as it now appears on our recor liability Company)	rds.)
The Articles of Organization for this Limited Liability Company Florida document number L20000328819	were filed on 10/16/2020	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	lity company here:	
The new name must be distinguishable and contain the words "Limited Liabili	ity Company." the designation "LL	.C" 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 a agent and/or the new registered office address here:	address on our records, <u>ente</u>	r the name of the new register
Name of New Registered Agent:		
New Registered Office Address:	Enter Floridu street addr	ress
	, Florida	
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		7.).
I hereby accept the appointment as registered agent and agre	ee to act in this capacity. I)	further agree tá comply with t

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>	<u>Address</u>	Type of Action
AMBR	Samantha Morgan Kennedy	3700 N 56th Ave Apt 1021	■Add
		Hollywood, FL 33021	□Remove
			□Change
			□Add
			□Remove
			Change
			□Remove
			Change
			DAdd
			□Remove
			Change
			□Add
			□Remove
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		<del> </del>
fective date, if other than the date on effective date is listed, the date must be ote: If the date inserted in this block ocument's effective date on the Depa	specific and cannot be prior to date of filing or more than 90 date of filing or more than 90 date of filing requirements.	(optional)  ys after filing.) Pursuant to 605.0207  nts, this date will not be listed as
agord enacifies a delayed effective d	ate, but not an effective time, at 12:01 a.m. on the earlie	r of: (b) The 90th day after the
is filed. April 12	2021	
is filed. April 12		
is filed.  April 12		

Filing Fee: \$25.00