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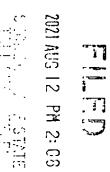
(Requestor's Name)
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COVER LETTER

TO:

TO: Registration Division of	Section Corporations		
	PARTY CAR RENTAL LLC		
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles	of Amendment and fee(s) are sub	omitted for filing.	
Please return all corre	spondence concerning this matter	to the following:	
	LOVETTE DOBSON		
	-	Name of Person	
	INCFILE.COM LLC		20
		Firm/Company	72
	17350 STATE HWY 249	STE 220	2021 AUS 12
		Address	~ 2
	HOUSTON, TX 77064		PH 2: 08
	EFILE1234@INCFILE.CO	City/State and Zip Code	
	E-mail address: (to be used for future annual report notif	fication)
For further information	n concerning this matter, please c	all:	
LOVETTE DOBSON	I	888 462-3453	
Nan	ne of Person	Area Code Daytime	e Telephone Number
Enclosed is a check for	or the 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)
P.O. Box 6	n Section f Corporations	Street Address: Registration Sec Division of Cor The Centre of T 2415 N. Monroe Tallahassee, FL	porations allahassee e Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

THIRD PARTY CAR RENTA	AL LLC
(Name of the Limited Liability Company as it no (A Florida Limited Liability Co	w appears on our records.) mpany)
The Articles of Organization for this Limited Liability Company were file	d on 10/16/2020 and assigned
lorida document number L20000328819	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability com	pany here:
THIRD PARTY MANAGEMENT LLC	
The new name must be distinguishable and contain the words "Limited Liability Compar	y," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	202
Principal office address MUST BE A STREET ADDRESS)	
	P
Inter new mailing address, if applicable:	
Mailing address MAY BE A POST OFFICE BOX)	17/10

3. If amending the registered agent and/or registered office address of gent and/or the new registered office address here:	n our records, <u>enter the name of the new regi</u> s
Name of New Registered Agent:	
New Registered Office Address:	Inter Florida street address
E	mer 1 forma direct address
City	, Florida Zip Code
Cuy	ziρ 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 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>	Name	Address	Type of Action
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			□Remove
			□ Change
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ective date, if other than t	he date of filir	ng:			_ (optional)		
effective date is listed, the date ee: If the date inserted in this	must be specific ar	nd cannot be prio	r to date of filing	g or more than 90	days after filing.) Pursuai	nt to 605.02 t be listed
ument's effective date on the	Department of	State's records	S .				
cord specifies a delayed effect filed.	ctive date, but no	ot an effective t	time, at 12:01	a.m. on the earl	ier of: (b) Th	e 90th c	lay after th
July 15 ed		2021	·				
) 12. 2					