

H2200032536.3

Florida Department of State  
 Division of Corporations  
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Division of Corporations  
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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
 CB PRO SERVICES LLC

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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SEP 21 2022

C. Brumby

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COVER LETTERTO: Registration Section  
Division of Corporations

SUBJECT: CB PRO SERVICES LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

JUAN CUADRADO

Name of Person

Firm/Company

2395 RUSH BAY WAY

Address

ORLANDO, FL 32824

City/State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JUAN CUADRADO

407 922-9358

at ( )

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for 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)Mailing Address:Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314Street Address:Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

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**ARTICLES OF AMENDMENT  
 TO  
 ARTICLES OF ORGANIZATION  
 OF**

CB PRO SERVICES 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 08/19/2021 and assigned  
 Florida document number L21000116215

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

SQUARE RENT A CAR LLC

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

Florida

City

Zip Code

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 TALLAHASSEE, FLORIDA

**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 Changing Registered Agent, Signature of New Registered Agent**

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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>	<u>Type of Action</u>
.....	.....	.....	<input type="checkbox"/> Add
		.....	<input type="checkbox"/> Remove
		.....	<input type="checkbox"/> Change
.....	.....	.....	<input type="checkbox"/> Add
		.....	<input type="checkbox"/> Remove
		.....	<input type="checkbox"/> Change
.....	.....	.....	<input type="checkbox"/> Add
		.....	<input type="checkbox"/> Remove
		.....	<input type="checkbox"/> Change
.....	.....	.....	<input type="checkbox"/> Add
		.....	<input type="checkbox"/> Remove
		.....	<input type="checkbox"/> Change
.....	.....	.....	<input type="checkbox"/> Add
		.....	<input type="checkbox"/> Remove
		.....	<input type="checkbox"/> Change
.....	.....	.....	<input type="checkbox"/> Add
		.....	<input type="checkbox"/> Remove
		.....	<input type="checkbox"/> Change

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**D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)**

**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.

Dated \_\_\_\_\_

Signature of a member or authorized representative of a member

JUAN CUADRADO

Typed or printed name of signee

**Filing Fee: \$25.00**

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