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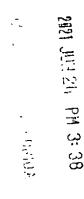
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COVER LETTER

TO:

Tallahassee, FL 32314

	gistration Sec rision of Corp			
CUBIECT.		RENTALS CARS LLC		ì
SUBJECT:		Name of Limi	ted Liability Company	
The enclose	d Articles of A	Amendment and fee(s) are sub-	mitted for filing.	
		ndence concerning this matter		
		TEAIRA BRIGMAN		
			Name of Person	
		MY TURN RENTALS CA	RS LLC	
			Firm/Company	
		1210 LEBRUN DR		
			Address	
		JACKSONVILLE, FL 322	05	
			City/State and Zip Code	
		E-mail address: (1	to be used for future annual report n	otification)
For further i	nformation co	oncerning this matter, please ca	all:	
TEAIRA B	RIGMAN		904 962-3344	
	Name of	f Person	at () Area Code Day	time Telephone Number
Enclosed is	a check for th	ne 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)
	ailing Addres egistration S		Street Address: Registration	
Di	vision of C	orporations	Division of C	Corporations
P.0	O. Box 632	7	The Centre o	f Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MY TURN RENTALS CARS LLC				
(<u>Name of the Limited Liability Compa</u> (A Florida Limited	iny as it now appears on our records. Liability Company)	.)		
The Articles of Organization for this Limited Liability Company	were filed on 03/29/2021		_ and assi	gned
Florida document number L21000147119				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liab	ility company here:			
MY TURN RENTAL CARS LLC				
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC"	or the abbr	eviation "L.I	L.C.''
Enter new principal offices address, if applicable:	1210 LEBRUN DR			
(Principal office address MUST BE A STREET ADDRESS)	JACKSONVILLE, FL 32205			
		 	1.621	
Enter new mailing address, if applicable:		` _	ا ال	• . • .
(Mailing address MAY BE A POST OFFICE BOX)			21,	
		<u> </u>	<u></u>	١.
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B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter t</u>	he name	of the Heve	registei
Name of New Registered Agent:				
New Registered Office Address:			·	
	Enter Florida street address			
		rida		
	City		Zip 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 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
MGR	TEAIRA BRIGMAN	1210 LEBRUN DR	= Add
		JACKSONVILLE, FL 32205	□Remove
			□ Change
			□Add
			□ Remove
			Change
			□Add
			Remove
			r⊡Change•
			☐Add
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. If amending any other information, enter change(s) here: (Attach	additional sheets, if necessary.)
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	<u> </u>
Effective date, if other than the date of filing:	(optional) ling or more than 90 days after filing.) Pursuant to 605.0207
<u>Note:</u> If the date inserted in this block does not meet the applicable statute document's effective date on the Department of State's records.	ory filing requirements, this date will not be listed as
ne record specifies a delayed effective date, but not an effective time, at 12:0 and is filed.	01 a.m. on the earlier of: (b) The 90th day after the
Dated 6/2/12021	
Signature of a member or authorized repres	sentative of a member
	Schlagge of a memoer
TEAIRA BRIGMAN	

Typed or printed name of signee