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SECRETARY OF STATE
TALLAHASSEE, FL. DIVISION OF GURFORATIONS

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COVER LETTER

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TO: Registration Section Division of Corporations	
SUBJECT: EZ DRIVE RENIALS LLC	
Name of Limited Liability Company	
The enclosed Articles of Amendment and feets) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Jarriques Joseph	
Name of Person	
1RUST L3GACY LLC	
4220 NOST COLONIAL DR	co ≻ 2
ORLANDY, FL 32808	021 AUG 13 CCRETAR)
City/State and Zip Code Trust equ(y) (Oqn(y) . () or E-mail and reserve (no be first future annual report notification)	(ഗ [ാ] ് മ
For further information concerning this matter, please call:	୍ଟିକ ନୁଧ
Tacques Teeph at (381 440 4086 Daytime Telephone Number	FL 1915
Enclosed is a check for the following amount:	
(additional copy is enclosed) Certified C	of Status &

Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Taflahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

EZ DRIVE RENIALS LLC

(Name of the Limited Liability Company as it now inprears on our records.)

(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on $07/11/1091$ Florida document number $12/000.333451$	and assigned
This amendment is submitted to amend the following:	STORET STORET
A. If amending name, enter the new name of the limited liability company here:	公司 5
The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbrilate	evimion "L.I. C"
Enter new principal offices address, if applicable:	200 正
(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 agent and/or the new registered office address here:	of the new registered
Name of New Registered Agent: IRUST 13GACY LLC	
New Registered Office Address: 430 UESI COLONIAL DR	
OBLAND	707 710 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>	Name	Address	Type of Action
MGR	LEGACY INC	4770 WE COLONIAL O	<u>K</u> ⊐Add
		ORLANDO, FL 33808	[LKemove
			☐ Change
	- Parity - P		□Add
			□Remove
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D. If amer	ding any other information, enter change(s) here: (Attach additional sheets, if necessary)
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Note: 1	e date, if other than the date of filing:
f the record record is file	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 d.
Dated _	08/13/2021
	Signature of a member of authorized representative of a member
	Jacques JOSEPh Typed or printed name of signer

Filing Fee: \$25.00