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PICK-UP WAIT MAIL	
(Business Entity Name)	_
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Certified Copies Certificates of Status	-
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Special Instructions to Filing Officer:	
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236 East 6th Avenue, Tallahassee, Florida 32303 P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

WALK IN

PICK UP: 6/3 LYNES XX**CERTIFIED COPY PHOTOCOPY CUS** XX **FILING AMENDS** FIRST STAR CAR RENTAL LLC (CORPORATE NAME AND DOCUMENT #) SPECIAL **INSTRUCTIONS:**

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FIRST STAR CAR RENTAL 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 _02/07/2022 ____ and assigned Florida document number L22000044996 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: First Star Rentals 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

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.

Citr

If Changing Registered Agent, Signature of New Registered Agent

_. Florida __

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
AMBR	Kaheem Malick Gabriel	7525 Fort Desoto St. #1020	
		Orlando, Fl 32822	Add
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ctive date, if other than the date effective date is listed, the date must be sperification of the date inserted in this block doment's effective date on the Department's	res not incer the applicable st	of filing or more than 90 days a atutory filing requirements.	ptional) ther filing.) Pursuant to 605.01 this date will not be listed
ecord specifies a delayed effence 90th day after the record is	ctive date, but not an ϵ filed.	effective time, at 12:0	1 a.m. on the earlier
5/27	2022		
Signat	ure of a member or authorized re	preservative of a member	<u>'</u>

Page 3 of 3

Filing Fee: \$25.00