

## 122 000 191548

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
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## **COVER LETTER**

Registration Section

TO:

Division of Corp	porations		
SUBJECT:	Name Change Name of Li	of Company	·
The enclosed Articles of a	Amendment and fee(s) are su	ubmitted for filing.	
Please return all correspo	ndence concerning this matte	er to the following:	
		TAL A. Emgno Name of Person	
	TAL R	RENT A CAR 123 LL	C
	225 E 3	Dania Bch Blvd Ste	E_213
	<u>Dania</u>	Bch FL 33004 City/State and Zip Code	
	tal. asher. 2 mg	ano a gmail. Com	ication)
For further information co	oncerning this matter, please	call:	
Name o	A · E mano	at (305) 776 - Arca Code Daytime	C283  Telephone Number
Enclosed is a check for the	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)
Mailing Address Registration S Division of C P.O. Box 632 Tallahassee, 1	Section Torporations 17	Street Address: Registration Sec Division of Con The Centre of T 2415 N. Monroe Tallahassee, FL	porations allahassee e Street, Suite 810

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TAL RENT A CAR 123		
(Name of the Limited Liability Compan (A Florida Limited Lia	ability Company)	
The Articles of Organization for this Limited Liability Company with Florida document number <u>L 22000 1915 48</u> .	vere filed on April 21, 202	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	ity company here:	
TAL 123, LLC The new name must be distinguishable and contain the words "Limited Liability Limited Liability Liabili		
The new name must be distinguishable and contain the words "Limited Liabilit	y Company," the designation "LLC" or t	he abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
		024
		<u> </u>
Enter new mailing address, if applicable:		<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)		
		₩
		. 2
B. If amending the registered agent and/or registered office ac	ddress 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	
	, Florid	Zip Code
	City	ыр соае

## 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
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			□Remove
			□Change
			□ Add
			Remove
			□Change
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ective	date. if other th	han the date of fili	ing:			(optional)	
n effecti	ve date is listed, the	date must be specific a n this block does no	and cannot be p	rior to date of filing	or more than 90 d	ays after filing.) F	ursuant to 605.020
cument	's effective date of	on the Department o	f State's reco	rds.	3 - 1	,	
cord sp is filed.		effective date, but r	ot an effectiv	e time, at 12:01	a.m. on the earlie	er of: (b) The	90th day after the
ted	Auguist	21	<u></u>	<u> 24</u> .			
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