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## **COVER LETTER**

то:		istration Sec ision of Corp		•	
SUBJEC	crr.	RTM CARS I	LLC	·	
	· • •		Name of Lim	nited Liability Company	
The encl	losed	Articles of A	Amendment and fee(s) are sub-	omitted for filing.	
Please re	eturn	all correspon	ndence concerning this matter	to the following:	•
			RAFAEL TELES MARTINS	S	•
				Name of Person	
				· a	:>
			_	FirmyCompany	OZZ JUN
			655 E PASO FINO CIR		
٠.				Address	$\frac{1}{2}$
			0. 511107.011.51.004.10		
			CLEWISTON, FL 33440	City/State and Zip Code	
			RTMCARS@HOTMAIL.COM	•	် 3 30
			=	(to be used for future annual report notification)	0
For furth	her ir	iformation co	oncerning this matter, please co	call:	
RAFAEL TELES MARTINS			3	239 850-8677	
		Name of	Person	Area Code Daytime Telephone Number	
Enclosed	d is a	check for the	e following amount:		
<b>₹</b> \$25	.00 F	iling Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee. Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is enclosed)	ı
	Reg Div	iling Address gistration S vision of Co ), Box 632	ection orporations	Street Address: Registration Section Division of Corporations The Centre of Tallahassee	

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

RTM CARS LLC		
(Name of the Limited Liabil (A Florid	lity Company as it now appears on our re la Limited Liability Company)	cords.)
The Articles of Organization for this Limited Liability (	Company were filed on 04/29/202	2 and assigned
Florida document number L22000204580	<u> </u>	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	nited liability company here: $\mathcal{N}_{j}$	1/A
The new name must be distinguishable and contain the words "Lin	nited 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 ADD.	RESS)	
	·	
		<b>72</b> .
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
	<del></del>	
B. If amending the registered agent and/or registered agent and/or the new registered office address here:		ు nter the name of the new registere చ
Name of New Registered Agent:		· _ ·
New Registered Office Address:		
:	Enter Florida street a	ddress
	•	, Florida
<del></del>	Ciņ <sup>,</sup>	Zip Code
New Registered Agent's Signature, if changing Register	ed 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
<u>P</u>	TELES MARTINS, RAFAEL	655 E PASO FINO CIR CLEWISTON FL 33440	⊡Add
			□Remove
	·		
MGR	HOMEM, DHEYME DO NASCIMENTO	655 E PASO FINO CIR CLEWISTON FL 33440	
	•	· · · · · · · · · · · · · · · · · · ·	□Remove
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<u>ite:</u> [i	e date, if other than the date of filing:
cumer	a seffective date on the Department of State s fections.
ecord is filed	
ted _	May 31st  Rayal  Signature of a member or authorized representative of a member
	<i>U</i> → Λ + <del>-</del>

Filing Fee: \$25.00