L22000282885

(Re	questor's Name)	
(Ad	dress)	
	J	<u> </u>
(Ad	dress)	
(Cit	y/State/Zip/Phon	e #)
PICK-UP	WAIT	MAIL
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(Bu	siness Entity Nar	me)
(Do	cument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only





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COVER LETTER

TO: Registration Se Division of Cor			
	Car Rentals LLC		
SUBJECT:	Name of Lim	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Garo A. Lehmejian		
		Name of Person	
	Ultimate Rentals LLC		
		Firm/Company	
	7260 NW 44th Place		
		Address	
	Lauderhill, FL 33319		
		City/State and Zip Code	
	garogl06@gmail.com	to be used for future annual repor	t antification)
For further information of	concerning this matter, please c		(normeanon)
Garo A. Lehmejian	,	239 776-62	41
N'ame o	of Person	at () Area Code D	aytime Telephone Number
Enclosed is a check for the	he following amount:		
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres		Street Addre	
Registration S Division of C		Registration Division of	n Section Corporations
P.O. Box 632			of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

Ultimate Car Rentals LLC		
(<u>Name of the Limited Lia</u> (A Flo	bility Company as it now appears on our records rida Limited Liability Company)	<u>.</u>)
The Articles of Organization for this Limited Liabilit	y Company were filed on 06/22/2022	and assigned
Florida document number L22000282885		
This amendment is submitted to amend the following	:	
A. If amending name, enter the new name of the	imited liability company here:	
Ultimate 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:	N/A	22:
Principal office address MUST BE A STREET AD	DRESS)	<u>*</u> 5 2 3
		
Enter new mailing address, if applicable:	N/A	Par Par
Mailing address MAY BE A POST OFFICE BOX	·	
B. If amending the registered agent and/or registe agent and/or the new registered office address her		he name of the new registe
Name of New Registered Agent:	4	
New Registered Office Address:		
	Enter Florida street address	
	, Flo	
	City	Zip Code

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
	N/A 		🗀 Add
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		-	□ Add
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(If an el	tive date, if other than the date of filing:	05.0207 (sted as t
the reco	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day af iled.	ter the
Dated	August 15 2022	
	$\sim 1/10 H I A \sim 1$	
	Vanature of a member or authorized representative of a member	

Filing Fee: \$25.00