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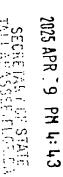
(Requestor's Name)	
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(Business Entity Name)	
(Document Number)	
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COVER LETTER

	ation Section n of Corporations		
SUBJECT:	Cheap Car R	ental LLC	
SUBJECT		imited Liability Company	
The enclosed Arti	icles of Amendment and fee(s) are s	submitted for filing.	
Please return all o	correspondence concerning this matt	ter to the following:	
	Edo	ly Fulguerro Name of Person	
		Cas Rents/LLC Firm/Company	2025 APR TO PH 4: 43 SECRETARIASSEL, FLORIDI TALLARIASSEL, FLORIDI
		Firm/Company	R 19 PH
	385	7 NW 122 Ferrace	PH F
	Sonres		50 5
	Mrfs	City/State and Zip Code City/State and Zip Code Comail Com City Domail Com Com City Domail	
Ear further inform	E-mail address mation concerning this matter, please		
		<u>_</u>	
_ Ed	by Fulgueiro	at (786) 3433107 Area Code Daytime Telephone	Number
	Name of Person	Area Code Daytone Telephone	. Hamber
Enclosed is a che	eck for the following amount:		
\$25,00 Filing	g Fee \$30,00 Filing Fee & Certificate of Status	Certified Copy (additional copy is enclosed)	60.00 Filing Fee, Certificate of Status & Certified Copy additional copy is enclosed)
<u>Mailing</u>	Address:	Street Address:	
Registi	ration Section	Registration Section	_
	on of Corporations ox 6327	Division of Corporation The Centre of Tallahass	
	assee, FL 32314	2415 N. Monroe Street,	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(heap (c	x Rental	LLC	
(Name of the Limited Lia (A Flo	ibility Company as it norida Limited Liability C	ow appears on our records.) (ompany)	
The Articles of Organization for this Limited Liabilit Florida document number <u>L 22000</u> 313	y Company were file	, ,	25 and assigned
This amendment is submitted to amend the following	3 :		
A. If amending name, enter the new name of the BIZINK The new name must be distinguishable and contain the words			LLC the abbreviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET AL	ODRESS)		SECS AP
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	<u> </u>		PR 9 PH 4:43
B. If amending the registered agent and/or registered agent and/or the new registered office address her		on our records, <u>enter the</u>	name of the new registered
Name of New Registered Agent:			
New Registered Office Address:		Enter Florida street address	
		, Florid	
	City		Zip 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>	<u>Name</u>	<u>Address</u>	Type of Action
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			□Remove
			☐ Change
			□Remove
			☐Change 7025 PAdd 77
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			□Remove
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			□ Remove
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If amen	ding any of	ther informati	on, enter chan	ge(s) here: (Attac	h additional s	heets, if necess	ary.)	
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(If an effective Note: 1	ctive date is lis f the date ins	ther than the dated, the date must be dated in this block date on the Dep	be specific and car ck does not mee	anot be prior to date of t the applicable statu	20 25 filing or more that tory filing requ	(option n 90 days after fil irements, this d	ing.) Pursuant to 6	05.0207 (3) isted as the
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Dated _	4/	1/	·	2025 Color printed name of pr				
		<u> </u>	ignature of a men	nber of authorized ren	Sentative of a n	ember		
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			told	y tulqueiro	f signee			

COVER LETTER

TO: Registration Sect Division of Corpo			
SUBJECT:	BIZINK C	onsulting Solution mitted Liability Company	ins cc
The enclosed Articles of Ar	nendment and fee(s) are su	bmitted for filing.	
Please return all correspond	lence concerning this matter	r to the following:	
		Y Fulgueiro Name of Person Consulting Sofutian Firm/Company	
	3857 Sunrise Mrfulgo E-mail address:	Address TC 33323 City/State and Zip Code Veiro Demail - con (to be used for future annual report notifical	2025 APR 19 PH 4: 43 SECRETARY OF STATE TALLAHASSEE, FLORIDA
For further information con			
Eddy Fu Name of P	Juni ro erson	at (<u>786</u>) <u>3433</u> . Area Code Daytime T	10 7 elephone Number
Enclosed is a check for the	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:		Street Address:	

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

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