L22 000 389 051

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only

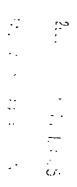
A. RIVERS

JAN 1 1 2023



300396347843

40.00032--0109-0038 4425.00



COVER LETTER

	ion Section of Corporations		•
COR SUBJECT:	REDOR RENTAL CARS LLC		
SUBJECT:	Name of I	Limited Liability Company	<u>-</u>
The enclosed Artic	eles of Amendment and fee(s) are	submitted for filing.	
Please return all co	orrespondence concerning this mat	ter to the following:	
	KLEBER A BERNARI	OO JR	
		Name of Person	
		Firm/Company	
	1067 PAPAYA CIRCL	E	
		Address	
	DAVENPORT/ FL 338	97	
		City/State and Zip Code	- <u>u-</u>
	INFO@CLAUDIALIMA		
For further informa	re-mail address	is: (to be used for future annual report not) e call:	neation)
KLEBER BERNA	RD()	424 230-1827	
•	Name of Person		e Telephone Number
Enclosed is a check	k for the following amount:		
□ \$25.00 Filing I	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 A</u> Registra	address: tion Section	Street Address: Registration Sec	otion
	of Corporations	Division of Cor	
P.O. Box	x 6327	The Centre of T	allahassee
Tallahas	see, FL 32314	2415 N. Monroe	e Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CORREDOR RENTAL CARS LLC			_
(Name of the Limited Liability Company a (A Florida Limited Liabi	s it now appears on our records.) hty Company)		_
The Articles of Organization for this Limited Liability Company were	re filed on 09/06/2022	and	assigned
lorida document number L22000389051			
his amendment is submitted to amend the following:			
. If amending name, enter the new name of the limited liability	company here:		
CORREDOR CARS LLC			
he new name must be distinguishable and contain the words "Limited Liability C	Company," the designation "LLC" or the	abbreviation	"L.L.C."
Inter new principal offices address, if applicable:			
Principal office address MUST BE A STREET ADDRESS)	··		7
_			
Inter new mailing address, if applicable:			
Mailing address MAY BE A POST OFFICE BOX ₁			
_	, <u> </u>	,	
3. If amending the registered agent and/or registered office add	ess on our records, enter the na	me of the	new regist
gent and/or the new registered office address here:		- 1	r\>
		F1.	r = 1
Name of New Registered Agent:		1.*	
			
New Registered Office Address:	Francisco de la companya del companya del companya de la companya		<u> </u>
	Enter Florida street address	•	-
	Florida _	· · · · · · · · · · · · · · · · · · ·	
	City	· Zin Co	da

New Registered Agent's Signature, if changing Registered Agent:

aannusan nuumii ainaii a

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 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
			□ Add
			□Remove
			□Change
			□Add
			Петоче
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
<u>-</u>		-	
			Remove
			□Change
			
			□Remove
			□Change

	ending any other information	a, enter enange(s) nere.	(, mich damental shee	is. y necessary.)	
-					
-	<u> </u>		•		
-			-		
-					
-					
-					
-					
-					
-					
-					
•					
-					
-					
-					
-					
(If an ef Note:	tive date, if other than the da fective date is listed, the date must be If the date inserted in this block ment's effective date on the Depar	specific and cannot be prior to does not meet the applicab	odate of filing or more than 9 ole statutory filing require	(optional) 0 days after filing.) Pursuant to 605.020 ments, this date will not be listed a	17 (3)(t is the
f the recor	rd specifies a delayed effective da ded.	ate, but not an effective tim	ie, at 12:01 a.m. on the ear	rlier of: (b) The 90th day after the	2
Dated	SEPTEMBER 21ST	2022			
		Klih	<u></u>		
	Siñ	nature of a member or author	ized representative of a mem	ber	

Filing Fee: \$25.00

Typed or printed name of signee