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| (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: | | | | | |
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Office Use Only



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C/ 7/11/2023

COVER LETTER

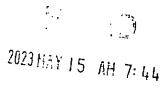
| | gistration Se vision of Cor | | | | | |
|---|---|--|---|--|--|--|
| · · · · · · · · · · · · · · · · · · · | Skrilla2k E. | xotic Rental Cars LLC | | | | |
| SUBJECT: | | Name of Lin | ited Liability Company | | | |
| The enclosed | d Articles of . | Amendment and fee(s) are sub | mitted for filing. | | | |
| Please return | all correspo | ndence concerning this matter | to the following: | | | |
| | | Sofia Vasquez | | | | |
| | | | Name of Person | | | |
| | | ZenBusiness INC | | | | |
| Firm/Company | | | | | | |
| 336 E. College Ave Suite 301 Address | | | | | | |
| | | | | | | |
| | City/State and Zip Code fulfillment@zenbusiness.com | | | | | |
| | ification) | | | | | |
| For further in | nformation co | oncerning this matter, please c | all: | | | |
| e/o ZenBusiness INC | | | 844 493-6249 | | | |
| Name of Person | | | at () Area Code Daytin | ne Telephone Number | | |
| Enclosed is a | a check for th | e 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) | | |
| | iling Address | | <u>Street Address:</u> Registration Se | petion | | |
| Registration Section Division of Corporations | | | Registration Section Division of Corporations | | | |
| P.O. Box 6327 | | | The Centre of | Fallahassee | | |

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



Skrilla2k Exotic Rental Cars LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

| | | ****** | |
|---|--|---------------------------------|--|
| The Articles of Organization for this Limited Liability Comp | oany were filed on 11/22/2022 | and assigned | |
| Florida document number 1.22000498980 | | | |
| This amendment is submitted to amend the following: | | | |
| A. If amending name, enter the new name of the limited | liability company here: | | |
| Skrilla Rentals LLC | | | |
| The new name must be distinguishable and contain the words "Limited I | liability Company," the designation "LL3 | C" or the abbreviation "L.L.C." | |
| Enter new principal offices address, if applicable: | | | |
| (Principal office address MUST BE A STREET ADDRESS | <u> </u> | 47 | |
| | | | |
| | | | |
| Enter new mailing address, if applicable: | | | |
| Mailing address MAY BE A POST OFFICE BOX) | | | |
| | | | |
| | | | |
| B. If amending the registered agent and/or registered off agent and/or the new registered office address here: | ice address on our records, <u>ente</u> | r the name of the new registe | |
| | | | |
| Name of New Registered Agent: | | | |
| New Registered Office Address: | | | |
| Mew Registered Office Address. | Enter Florida street address | | |
| | , F | lorida | |
| | Cin | lorida 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 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 |
|--------------|------------------|----------------------------------|----------------|
| AMBR | SIMPSON, SAHIR S | 520 EAST CHURCH STREET, APT# 715 | □Add |
| | | ORLANDO, FL 32801 | ≣Remove |
| | | | □Change |
| | | | □Add |
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| | | | □Change |

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) E. Effective date, if other than the date of filing: (optional) (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed. Dated ______ 2023 /s/ Aron D Hyde Signature of a member or authorized representative of a member Aron D Hyde, Member Typed or printed name of signee

Filing Fee: \$25.00