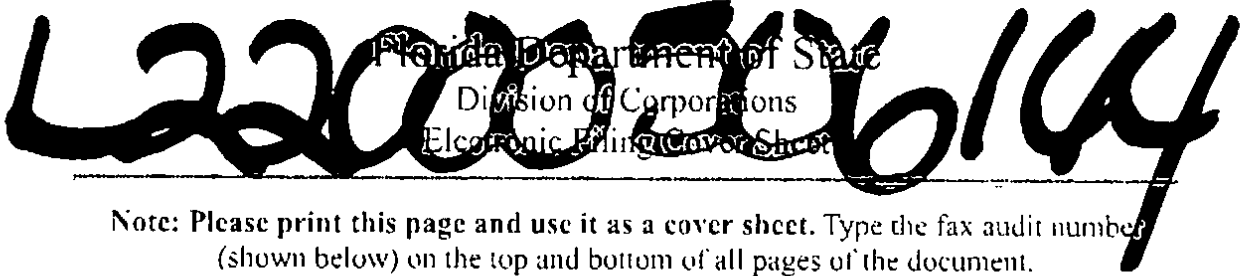


7/10/23, 9:57 AM

Division of Corporations



**Note: Please print this page and use it as a cover sheet.** Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H23000240631 3)))



H230002406313ABCV

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To:

Division of Corporations  
Fax Number : (850)617-6383

From:

Account Name : ALEX PINA CO.  
Account Number : I20190000095  
Phone : (305)803-8471  
Fax Number : (305)602-3977

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: client@alexpina.co

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DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
EMPORIUM RENT A CAR LLC**

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

2023 JUL 10 PM 9:19

T. LEMIEUX

Electronic Filing Menu

Corporate Filing Menu

JUL 11 2023

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

EMPORIUM RENT A CAR 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 Company were filed on 12/01/2022 and assigned  
Florida document number L22000506144.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

2023

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:

(Principal office address MUST BE A STREET ADDRESS)

PR 8-19

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

ALEX PINA CO.

New Registered Office Address:

8400 NW 36TH ST STE 450

*Enter Florida street address*

DORAL


*City*

Florida 33166

*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>	<u>Type of Action</u>
MGR	MIRIAM S GOMEZ CATANO	7911 NW 105TH AVENUE	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
		DORAL, FL 33178	<input type="checkbox"/> Change
MGR	CRISTIAN D RINCON GOMEZ	7911 NW 105TH AVENUE	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
		DORAL, FL 33178	<input type="checkbox"/> Change
AMBR	Angelica M Guerra Galindo	10435 NW 79TH TERRACE	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
		MIAMI, FL 33178	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

**D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)**

-Change Registered Agent

-Remove MGR - MIRIAM S GOMEZ CATANO

-Remove MGR - CRISTIAN D RINCON GOMEZ

- Add AMBR - ANGELICA M GUERRA GALINDO

**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 JUNE 7th, 2023

*Miriam Gomez Catano*

\_\_\_\_\_  
Signature of a member or authorized representative of a member

MIRIAM S GOMEZ CATANO

\_\_\_\_\_  
Typed or printed name of signer