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(((H230000301913)))



H230000301913ABCT

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081

Phone : (307)200-2803 Fax Number : (855)330-1010

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

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN GABRIELA CAR RENTAL LLC

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

GABRIELA CAR RENTAL 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 Lia	bility Company	were filed on 01	./04/23	and	assigne	d
Florida document number L2300008595	·					
This amendment is submitted to amend the follow	wing:					
A. If amending name, enter the new name of	the limited liabi	ity company he	<u>re</u> :			
The new name must be distinguishable and contain the wo	rds "Limited Liabili	ty Company," the de	esignation "LLC" or the c	abbreviation	"L L.C."	
Enter new principal offices address, if applica	ble:					
(Principal office address MUST BE A STREET	ADDRESS)			 		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B B. If amending the registered agent and/or regagent and/or the new registered office address Name of New Registered Agent:	gistered office a <u>here</u> :	idress on our re		ne of the	new reg	istered
New Registered Office Address:				····	0	
		Enter Flori	da street address		PH	<u>.</u>
			, Florida _	<u></u>	္ပ္	
New Registered Agent's Signature, if changing Re	naistored Agent:	City		Zip Co	^{ae}	
I hereby accept the appointment as registered provisions of all statutes relative to the proper accept the obligations of my position as regist being filed to merely reflect a change in the recompany has been notified in writing of this care	agent and agre r and complete pered agent as pe egistered office o	performance of a rovided for in C	my duties, and I am hapter 605, F.S. Or	familiar , if this de	with an ocumen	d

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	Katherine Romero Veguilla	3396 Bellissimo Ave.	ZAdd
		Kissimmee, FL 34746	□Remove
			□Change
AMBR	Gabriel Ciprian Abreu	3396 Bellissimo Ave.	🗹 Add
		Kissimmee, FL 34746	□Remove
			□Change
			🗆 Add
			□Remove
			□Change
			□Add
			□Remove
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			🗆 Add
			□Remove
			E Change

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Effective date, if other than the date is listed, the date must be Note: If the date inserted in this bloc document's effective date on the Dep	k does not meet the applic	able statutory filing req	(optional) an 90 days after filing.) Pursua uirements, this date will no	nt to 605 0207 t be listed as
e record specifies a delayed effective order is filed.	date, but not an effective ti	me, at 12:01 a.m. on th	e earlier of: (b) The 90th o	day after the
Dated January 24	. 2023	·		
	NWT 8	miti		

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