L23000011381

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COVER LETTER

TO: Registration Section **Division of Corporations**

SUBJECT:	CAR ZONE	RENT A CAR LLC		
	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		2023: 1:2
Please return all correspo	ondence concerning this matter	to the following:		ග් මූ
		JULIANA KARFITSA	S	 က် ည
		Name of Person		
	JULIAN	IA KARFITSAS CONSU	ILTING LLC	
		Firm/Company	•	
	6965 PL	AZZA GRANDE AVE S	TE 203	
		Address		
		ORLANDO FL, 32835		
		City/State and Zip Code		
		AKARFITSAS@GMAII to be used for future annual		
For further information c	oncerning this matter, please c	all:		
JULIANA KARFITSAS		at ()	436-5110	
Name o	f Person	Area Code	Daytime Telepho	one Number
Enclosed is a check for the	he following amount:			
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee Certified Copy (additional copy is en		\$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)

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

Street Address:

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

ARTICLES OF AMENDMENT

	TO .	
ARTICLES O	OF ORGA	NIZATION
	OF	

CAR ZONE RENT A CAR LLC			2
(<u>Name of the Limited L</u> (A F	iability Comp Iorida Fimileo	nany as it now appears on our records.) Triability Company)	
The Articles of Organization for this Limited Liabil Florida document number 1.23000011381	ity Compan 	y were filed on <u>02/04/2023</u>	and assigned
This amendment is submitted to amend the following	រដ្ឋ:		
A. If amending name, enter the new name of the	limited lia	bility company here:	
PVAB SERVICE LLC			
The new name must be distinguishable and contain the words	"Limited Liaf	pility Company," the designation "FLC" or the al	obreviation "L.1.,C."
Enter new principal offices address, if applicable	::	NONE:	·····
Principal office address MUST BE A STREET A	DDRESS)		
Enter new mailing address, if applicable:		NONE:	
Mailing address MAY BE A POST OFFICE BOX	Ú)		
	<u></u>	·	
B. If amending the registered agent and/or regis agent and/or the new registered office address he	tered office <u>re</u> :	address on our records, enter the nan	ne of the new regist
Name of New Registered Agent:	ONE		
New Registered Office Address:			
		Enter Florida street address	
		Florida	

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

Thereby 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. Thereby confirm that the limited liability company has been notified in writing of this change.

Cay

In Code

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

Title	<u>Name</u>	Address	Type of Action
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			□ Remove
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fective date, if other th	an the date of filing:			_ (optional)	
an effective date is listed, the ote: If the date inserted in	date must be specific and ca	annot be prior to date o	f filing or more than 90 d	ays after tiling.) Pur	suant to 605.020
ocument's effective date of	n the Department of Sta	te's records.	utory ming requireme	ans, this date win	not be usted a
ecord specifies a delayed is filed.			2:01 a.m. on the earlie	er of: (b) The 90	th day after the
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			presentative of a member		
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