

L23000032658

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

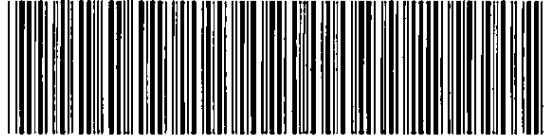
(Business Entity Name)

(Document Number)

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STATE OF FLORIDA  
12/1/23

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Exotic Car Rental SWFL LLC

\_\_\_\_\_  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Kathryn Wetherell

\_\_\_\_\_  
Name of Person

Platinum Car Rentals

\_\_\_\_\_  
Firm/Company

226 NE 22nd ave

\_\_\_\_\_  
Address

Cape Coral, FL 33909

\_\_\_\_\_  
City/State and Zip Code

info@platinumrentalsflorida.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kathryn Wetherell

239

848-8048

at (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the 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)

**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

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STATE  
SECRETARY  
OFFICE

FILED

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

Exotic Car Rentals SWFL

**(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 01/18/2023 and assigned  
Florida document number L23000032658.

This amendment is submitted to amend the following:

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

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)** \_\_\_\_\_

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:

Lucas LeBlanc

New Registered Office Address:

\_\_\_\_\_  
*Enter Florida street address*

\_\_\_\_\_, Florida

\_\_\_\_\_  
*City*

\_\_\_\_\_  
*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>
AP	Joshua Boyer	226 NE 22nd ave	<input type="checkbox"/> Add
		cape coral, FL 33909	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AP	Lucas LeBlanc	226 NE 22nd Ave	<input checked="" type="checkbox"/> Add
		Cape Coral, FL 33909	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

2023 MAY 20 PM 1:08  
STATE OF FLORIDA  
SECRETARY OF REVENUE  
OFFICE OF THE SECRETARY OF REVENUE  
TALLAHASSEE, FLORIDA

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

We are removing joshua boyer as our AP and adding Lucas LeBlanc as our AP, thank you.

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**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 601.0207 (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 November 16th, 2023

  
Signature of a member or authorized representative

Signature of a member or authorized representative of a member

Kathryn Wetherell

Typed or printed name of signee

**Filing Fee: \$25.00**