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(Requestor's Name)
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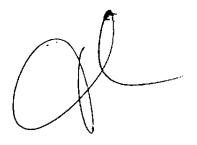




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COVER LETTER

TO: Registration Sect Division of Corpo			
SUBJECT: EXP	Derience Floo Name of Lim	ica Car Renta	15
The enclosed Articles of A	mendment and fee(s) are sub	mitted for filing.	
Please return all correspond	dence concerning this matter	to the following:	
		Name of Person See Fl Par Re Firm/Company	
		2 Palos Verde	
	Drew@ E.	FL 3423 City/State and Zip Code Aperience Florida Car lea to be used for future annual report notific	ntals.com: 223 DEC
For further information cor	ncerning this matter, please ca		1 °
Mare of F	Ulinger Person	at (<u>941</u>) <u>993 -</u> Area Code Daytime T	5817 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)
<u>Mailing Address:</u> Registration Se		Street Address: Registration Secti	ion

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION

Ly Delience (Name of the Limited L	Liability Company as it now appears on our record	
(A)	lorida Limited Liability Company)	
The Articles of Organization for this Limited Liabi		and assigned
Florida document number <u>L 23 000 111 99</u>	4	
This amendment is submitted to amend the following	ng:	
A. If amending name, enter the new name of th	e limited liability company here:	
The new name must be distinguishable and contain the words	s "Limited Liability Company," the designation "LLC"	" or the abbreviation "L.L.C."
Enter new principal offices address, if applicabl	e:	
(Principal office address MUST BE A STREET A	(DDRESS)	
		~~
Farman and mailing address (County)		0231
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BO	Χ)	<u> </u>
B. If amending the registered agent and/or regis	stered office address on our records, enter	the name of the new registered
agent and/or the new registered office address h	<u>ere</u> :	-
N		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addres:	
_		orida
	Ciņ	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>	Name	Address	Type of Action
MGRM	Andrew Mielak	5346 Palos Verdes De SACASUTA FL 3423,	
	,	SALASUTA FL 3423,	<u>/</u> □Remove
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			□Add
			DRemove
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Effective date, if other than the fan effective date is listed, the date mus Note: If the date inserted in this blocument's effective date on the Defective date.	ock does not meet	the applicable :	e of filing or more the statutory filing rec	(options nan 90 days after fili quirements, this de	al) ng) Pursuant to ite will not be	605.026 listed a
record specifies a delayed effective d is filed.	e date, but not an	effective time, :	it 12:01 a.m. on il	ne earlier of: (b)	The 90th day	after th
Dated <u>Jüstvinny</u>	- :!> 	<u> </u>				
:		1//	<i>)</i> 	,		
	25/101/1/10	ر مجر ستمب Document	representative of a	member		-
	Signature of a men	ioer or admenticed	, replanement of the			

Filing Fee: \$25.00