

L23000113268

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

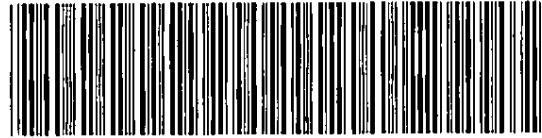
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600401829456

FILED
2023 MAR 23 AM 9:19
CLERK OF STATE
TALLAHASSEE, FL

RECEIVED
2023 MAR 22 PM 1:17
ALLAHASSEE, FL

FLORIDA CAPITAL COURIER SERVICES, INC
2330 CLARE DRIVE
TALLAHASSEE, FL 32309
(850) 524-5437
(850) 524-6243

Please use funds from this account: 120210000160; Amount: \$ 25.00

Authorization Signature: _____

ANNA MARIA RENTAL CARS LLC

Jan Chell

Business

Document

L1800002343-7

L23000113248

___ **Certified Copy of Articles of Incorporation**

___ **Certificate of Status**

NEW FILINGS

___ Profit Corp
___ Not for Profit
___ Limited Liability

___ Domestication
___ Other

___ **CORP**
___ **LLLP**

AMMENDMENTS

___ **X** Amendment
___ Resignation of R.A. Officer/Director

___ Change of Registered Agent or office
___ Dissolution

___ Merger
___ **Conversion**

___ **Amended and restated Articles**
___ Revocation of Dissolution

OTHER FILINGS

___ Annual Report
___ Fictitious Name

___ APOSTILLE _____
Country

REGISTRATION/QUALIFICATIONS

___ Foreign filing
___ Limited Partnership
___ Reinstatement

___ Other

EXAMINER'S INITIALS: _____

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Anna Maria Rental Cars I.L.C.

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:

Joseph Ciasullo

Name of Person

Anna Maria Rental Cars LLC

Firm/Company

6920 4th Ave Dr NW

Address

Bradenton, FL 34209

City/State and Zip Code

joseph@annamariarentalcars.com

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

For further information concerning this matter, please call:

Joseph Ciasullo 941 2244508

Name of Person at () Daytime Telephone Number
Area Code

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 23, 2023

FLORIDA CAPITAL COURIER SERVICES

SUBJECT: ANNA MARIA RENTAL CARS LLC
Ref. Number: L23000113268

We have received your document for ANNA MARIA RENTAL CARS LLC and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

The Document Number listed in the Articles of Amendment does not match the name listed.

If you have any questions concerning the filing of your document, please call (850) 245-6000.

Neysa Culligan
Regulatory Specialist III

Letter Number: 223A00006730

RECEIVED
2023 MAR 23 PM 2:51
DIVISION OF CORPORATIONS
FLORIDA

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

FILED

Anna Maria Rental Cars, LLC

2023 MAR 23 AM 9:19

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

SECRETARY OF STATE
TALLAHASSEE, FL

The Articles of Organization for this Limited Liability Company were filed on _____ and assigned

Florida document number L18000231137

L23000113268

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: _____

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

[illegible]

1023 MAR 28 AM 9:19
CLERK OF STATE
TALLAHASSEE, FL

FILED
2023 MAR 28 AM 9:19
CLERK OF STATE
TALLAHASSEE, FL

(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 03/23/2023 _____

Signature of a member or authorized representative of a member

Donna McCormick

Typed or printed name of signee