L23000222154

	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 F	iling Officer:	

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TALLAHASSEE, FLORIDA

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COVER LETTER

Registration Section

P.O. Box 6327

Tallahassee, FL 32314

Division of Corporations

TO:

SUBJECT: Rich Vehicle Rentals 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:	
Marco Richardson Name of Person	
Rich Vehicle Rentals LLC	
2265 W Pine St	
Orlando, FL 32805 City/State and Zip Code Cich x rentals @ am ail.com E-mail address: (to be used for futigre annual report notification)	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Marco Richardson at (407) 450-5005 Name of Person Area Code Daytime Telephone Number	
Enclosed is a check for the following amount:	
S25.00 Filing Fee S30.00 Filing Fee Certificate of Status Certified Copy (additional copy is enclosed) S50.00 Filing Fee Certificate of Status Certified Copy (additional copy is enclosed)	
Mailing Address: Registration Section Division of Corporations Street Address: Registration Section Division of Corporations	

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

FILED

2024 FEB 28 AM 10: 53

Rich Vehicle Fentals LLC

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

(A Florida Limited Liability Company)

(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on ______ and assigned Florida document number L23000222154. 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

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 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
Mar	Marcus Richardson	2265 W Pine St, Ochodo, FL	_ Øvqq
		32805	Remove
			□Change
			□Add
			□Remove
			□Change
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(If an effective date is Note: If the date is	other than the date listed, the date must be sp nserted in this block d we date on the Departr	pecific and cannot be loes not meet the a	pplicable statutor	ig or more than 90 d y filing requireme	_ (optional) ays after filing.) P ents, this date wi	ursuant to 605.0 Il not be listed	207 (: I as ti
he record specifies a ord is filed.	delayed effective date	e, but not an effect	ive time, at 12:01	a.m. on the earlie	er of: (b) The 9	00th day after t	he
Dated <u>02/2</u>	8/2024	,					
	Mary Signa	Rut ature of a member or	authorized represen	ntative of a member	 ·		
		Richa Typed or					