Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H23000358100 3)))

Note: DO NOT hit the REFRESHERELOAD button on your browser from this page. Doing so will generate another cover sheet.

૧∵≎:

Division of Corporations

Fax Number : (850)617-6283

From:

Account Name : ALPRA BUSINESS CONCULTING, LLC

Account Number : 120060000001 Prione : (407)582-9830

Fax Number 1 (407)401-6393

**Enter the email address for this business entity to be used for future annual report mallings. Enter only one email address please. **

Email Address:_

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN ACESSO RENT A CAR LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

Electronic Filing Menu

Corporate Filing Menu

Help

tml:file://C:\Users\Marcelo & Mara\Desktop\PAYMENT SUNBIZ.mhtml

OCT 12 2023

<. Brumbley

Tallahassee, FL 32314

Alpha 4076016393 >> 850-617-6381

					Š
ላሮዩናናለ ፣	PENT A CARTIC			S.	-
CT:					_
	Name of Lie	nited Liability Company			
losed Articles of	Amendment and fee(s) are sul	bmitted for filing.			
cturn all correspo	ondence concerning this matter	r to the following:			
	MARIA D PINHEIRO				
		Name of Person			_
	ALPHA BUSINESS CON	SULTING, LLC			
		Firm/Company	· <u> </u>		
	6412 W COLONIAL DR				
		Address			_
	ORLANDO, FL 32818				
	pinheiromaria@att.net	City/State and Zip Code			
	E-mail address: (to be used for future annual re	port not:lication)		•
er information ed	oncerning this matter, please c	all:			
D PINHEIRO			9830		
Name of	Person	Area Code	Daytime Telepho	ne Numb	сг
is a check for th	e following amount:				
00 Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ S55.00 Filing Fee & Certified Copy (additional copy is enclosed)		Certific Certific	Filing Fee, cate of Status & d Copy at copy is enclosed)
Mailing A ddr ess	:	Street Add	ross,		
Registration Section		Registrati	on Section		
	osed Articles of sturn all corresponding Fee Mailing Address Registration S Division of Colors	Name of Lie Osed Articles of Amendment and fee(s) are substant all correspondence concerning this matter MARIA D PINHEIRO ALPHA BUSINESS CON 6412 W COLONIAL DR ORLANDO, FL 32818 pinheiromaria@att.net E-mail address: or information concerning this matter, please of D PINHEIRO Name of Person is a check for the following amount: OF Filing Fee S30.00 Filing Fee & Certificate of Status Mailing Address: Registration Section Division of Corporations	ACESSO RENT A CAR LLC The same of Limited Liability Company acceptable of Amendment and fee(s) are submitted for filling. The same of Person and Pinheiro ALPHA BUSINESS CONSULTING, LLC Firm/Company 6412 W COLONIAL DR Address ORLANDO, FL 32818 City/State and Zip Code pinheiromaria@att.net E-mail address: (to be used for fitture annual reconformation concerning this matter, please call: D PINHEIRO Name of Person Area Code S30.00 Filling Fee & S55.00 Filling Fee & Certified Copy (additional copy is enclosed) Mailing Address: Registration Section Division of Corporations Street Add Registration Division of Corporations Division of Division of Corporations	ACESSO RENT A CAR LLC Thame of Limited Liability Company osed Articles of Amendment and fee(s) are submitted for filing. Sturn all correspondence concerning this matter to the following: MARIA D PINHEIRO Name of Person ALPHA BUSINESS CONSULTING, LLC Firm/Company 6412 W COLONIAL DR Address ORLANDO, FL 32818 City/State and Zip Code pinheiromaria@art.net E-mail address: (to be used for fiture annual report notification) or information concerning this matter, please call: D PINHEIRO 107 S82-9830 at (Division of Corporations ACESSO RENT A CAR LLC Name of Limited Liability Company osed Articles of Amendment and fee(s) are submitted for filing. sturn all correspondence concerning this matter to the following: MARIA D PINHEIRO Name of Person ALPHA BUSINESS CONSULTING, LLC Finn/Company 6412 W COLONIAL DR Address ORLANDO, FL 32818 City/State and Zip Code pinheiromatia@at.net B-mail address: (to be used for future annual report notification) or information concerning this matter, please call: D PINHEIRO Name of Person Name of Person Name of Person Area Code Daytine Telephone Numb Street Address: Registration Section Division of Corporations Street Address: Registration Section Division of Corporations

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassec, FL 32303

Alpha 4076016393 >> 850-617-6381

TO ARTICLES OF ORGANIZATION OF

ACESSO RENT A CAR LLC			
(Name of the Limited Liability Company as it (A Florida Limited Liability	now appears on our records.) Company)		
The Articles of Organization for this Limited Liability Company were f Florida document number 123000225561	iled on	and assig	ned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liability co	mpany here:		
ACESSO RENTAL SERVICES, LLC			
The new name must be distinguishable and contain the words "Limited Liability Con	pany," 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	s on our records, enter the na	me of the new	registere
agent and/or the new registered office address here:		023 (
			<u> </u>
Name of New Registered Agent:		2	
New Registered Office Address:			<u> </u>
New Registered Office Address.	Enter Florida street address		C.
	Florida		
	in	Zip Com	

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.

or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
MGR	ALENDE KELYN BELENDA	4320 S KIRKMAN RD UNIT 1506	🗖 Add
		ORLANDO, FL 32811	≣Remove
			□Change
			DAdd
			©Remove
			□ Change
			□ Add
			DRemove
			Change
			□Remove
			☐ Change
			□Add
			Remove
			Change
***********	<u> </u>		DAdd
			□Remove
			Change

D. If amendin	ε	ation, enter change(s) her			
					_
					_
					_
					_
					
-					
					
					_
			· · · · · · · · · · · · · · · · · · ·		_
	•				_
<u> </u>					_
	handra de carecta de la composição de la c				
					_
Note: If the	e date inserted in this bi	e date of filing: st be specific and cannot be prior lock does not meet the applic bepartment of State's records	able suitutory filing requi	(optional) 90 days after filing.) Pursuant to 6 rements, this date will not be li	605.0207 (3) isted as the
f the record spece ecord is filed.	cifies a delayed effectiv	ve date, but not an effective t	ime, at 12:01 a.m. on the e	earlier of: (b) The 90th day at	fler the
OCTO	OBER 12	; <u>2023</u>	·		•
_		Standure of the phoer or with	onzed representative of a me	mber	
. F	FRANKLIN SOARES	BEZERRA SILVA			

Filing Fee: \$25.00

Typed or printed name of signee