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COVER LETTER

Registration Section

Division of Corporations

Tallahassee, FL 32314

TO:

CHIRALITANE	Rentals & Sales LLC				
SUBJECT:	Name of Lin	nited Liability Company			
The enclosed Articles of	enclosed Articles of Amendment and fee(s) are submitted for filing. ser return all correspondence concerning this matter to the following: Annette Perez Name of Person Anez Cupital Group, Inc Finn/Company 111 E Monument ave, Suite 404 Address Kissimmee, Fl 34741 City/State and Zip Code annetteperez246@gmail.com E-mail address: (to be used for future annual report notification) jurther information concerning this matter, please call: etter Perez Name of Person Name of Person Area Code Daytime Telephone Number \$25.00 Filing Fee Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)				
Please return all correspo	ondence concerning this matter	to the following:			
	Annette Perez				
	Name of Person				
	Anez Capital Group, Inc				
		Firm/Company			
	111 E Monument ave, Suit	te 404			
		Address			
	Kissimmee, Fl 34741				
	· •	City/State and Zip Code			
			-		
For further information c		•	urication)		
	oncerning this matter, prease e				
Name o	f Person	Area Code Daytir	ne Telephone Number		
Enclosed is a check for the	ne following amount:				
■ \$25.00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy		
Mailing Addres Registration S		Street Address: Registration Se	ection		
Division of C		Division of Co			
P.O. Box 632	7	The Centre of			

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Galan Car Rentals & Sales LLC (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 ^{06/15/2023} and assigned Florida document number 123000289820 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 "LLC." 1534 Brookbridge Drive Enter new principal offices address, if applicable: Orlando, Florida 32825 (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.

City

If Changing Registered Agent, Signature of New Registered Agent

, Florida

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>	Type of Action
MGRM	Erik Francisco Martinez Galan	1534 Brookbridge Drive	≣Add
		Orlando, Fl 32825	□Remove
			□Change
			□Add
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			□Add
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Note: If the date inserted in this blo document's effective date on the Do			ble statut	ory filing rec	juirements, this	date will not be	Elisted as i
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Dated		2023					
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,	Signature of a r	member of admini	Oca rebic	schiative of a	memper		

Filing Fee: \$25.00