

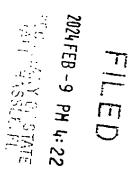
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COVER LETTER

Tallahassee, FL 32314

TO: Registration S Division of Co					
	R RENTALS, LLC				
SUBJECT:					
The enclosed Articles o	f Amendment and fee(s) are sub	omitted for filing.			
Please return all corresp	ondence concerning this matter	to the following:			
	Mairin N Arcila				
		Name of Person			
		Firm/Company			
	1332 CINDER LANE				
		Address			
	KISSIMMEE, FL 34744				
	iconcarrentalorlando@gma				
For further information	E-mail address: (concerning this matter, please c	to be used for future annual report not all:	ification)		
Mairin N Arcila		689 500-1829			
Name of Person		Area Code Daytin	ne Telephone Number		
Enclosed is a check for	the following amount:				
S25.00 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 Addre Registration		<u>Street Address:</u> Registration Se	ection		
Division of Corporations		Division of Corporations			
P.O. Box 6327		The Centre of Tallahassee			

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ICON CAR RENTALS, LLC		
(Name of the Limited Liability Co (A Florida Limi	mpany as it now appears on our record ted Liability Company)	<u>ls.</u>)
he Articles of Organization for this Limited Liability Comp	any were filed on 06/28/2023	and assigned
lorida document number 1.23000310762		
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited l	liability company here:	
ION CAR RENTALS AND SALES, LLC		
te new name must be distinguishable and contain the words "Limited L	iability Company," the designation "LLC	" or the abbreviation "L.L.C."
nter new principal offices address, if applicable:		2021
Principal office address MUST BE A STREET ADDRESS	<u> </u>	
		. &
		, see
nter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		75 2
· · · · · · · · · · · · · · · · · · ·		, <u>m</u> 5
. If amending the registered agent and/or registered offi	ice address on our records, <u>enter</u>	the name of the new regist
ent and/or the new registered office address here:		
Name of New Davis and Assets		
Name of New Registered Agent:		·•
New Registered Office Address:		
	Enter Florida street addres	ς,
		orida
	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

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
			□Change
			□Add
			Remove
			□Change
			□Add
			□Remove
			□Remove
			Change
	· · · · · · · · · · · · · · · · · · ·		⊡Add
			□Change
			□Add
			□ Remove
			— (V

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) 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. or authorized representative of a member Mairin N Arcila Typed or printed name of signee

Filing Fee: \$25.00