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COVER LETTER

TO:

Registration Section

P.O. Box 6327

Tallahassee, FL 32314

Division of Corporations				
SUBJECT:	America's Best	Car Rental Miami	LLC	
	Name of Limi	ited Liability Company		
The enclosed Articles of	of Amendment and fee(s) are sub-	mitted for filing.		
Please return all corresp	oondence concerning this matter	to the following:		
		Name of Person		
		Firm/Company		
	225 E 6	Jania Beh Blvd S Address	ote 213_	
	Dania Beh	TL 33004 City/State and Zip Code		
	E-mail address: (to be used for future annual report notifi	cation)	
For further information	concerning this matter, please ca	all:		
	A. Emano	at (<u>305</u>) 776 – Area Code Daytime	0283 Telephone Number	
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 Addr Registration Division of		Street Address: Registration Sec Division of Corp		

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED (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 ____07/28/2023 Florida document number <u>L2300035</u>6618 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.

City

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
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an effectiv <u>ote:</u> If t	date, if other than the date of filing:	05.0207 sted as
record sp	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day aff.	ter the
ated	<u>Deptember 12, 2004</u> .	
ated	September 12, 2024. Signature of a member or authorized representative of a member	