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COVER LETTER

ABUD RENTAL CAR LLC ### Page 15				
he enclosed Articles of	Amendment and fee(s) are submitted for filing.			
lease return all correspo	ndence concerning this matter to the following:			
	ALINE CARVALHO			
	Name of Person			
	OAK TAX USA BUSINESS SOLUTIONS LLC			
	Firm/Company			
	1420 CELEBRATION BLVD, STE 200			
	Address			
	CELEBRATION, FL, 34747			
	City/State and Zip Code			
	CONTACT@OAKTAXUSA.COM			
	E-mail address: (to be used for future annual report notification)			
or further information c	oncerning this matter, please call:			
ALINE CARVALHO	407 861 2942 at ()			
Name o	Person Area Code Daytime Telephone Number			

TO:

Registration Section

Mailing Address:
Registration Section
Division of Corporations
P.O. Box 6327 Tallahassee, FL 32314

Street Address:
Registration Section
Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PAUG 25 Me SO ABUD RENTAL CAR 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 $\frac{08/11/2023}{1}$ and assigned This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: ENTERPRISE ABUD LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 6965 PIAZZA GRANDE AVE Enter new principal offices address, if applicable: STE 103 (Principal office address MUST BE A STREET ADDRESS) ORLANDO, FL 32835 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 mv 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

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
			□Remove
			□Change
			□Add
			□Remove
			Change
			□Add
			□Remove
			Change
			□Add
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Effecti	ve date, if other than the date of filing: (optional)
Note:	we date, if other than the date of filing:
e record rd is fil	I specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after thed.
Dated	DRLANDO, 16 AUGUST 2023
	Signature of a member or authorized representative of a member

Typed or printed name of signee