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.

(((H24000419927 3)))



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

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : MARK B. GOLDSTEIN, P.A.

Account Number : I20060000077 Phone : (561)989-9955 Fax Number : (561)989-9966

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

Email Address: ditsbahamas 242 @ gmall.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN ON DA WAY EXOTIC CAR RENTALS LLC

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$25.00

Electronic Filing Menu Corporate Filing Menu

Help

K. SALY

DEC 2 6 2024

From: EvrAlia;

Fax: +15619890426

To: 8506176383

Fax: +18506176383

Page: 3 of 6

12/23/2024 10:08 AM

(((H240004199273)))

COVER LETTER

	Registration Se Division of Cor					
e din unc	ON DAY V					
SUBJEC	· I :	Name of Limited Liability Company				
The enclo	osed Articles of	Amendment and fee(s) are sub	mitted for filing.			
loase ret	urn all correspo	ndence concerning this matter	to the following:			
MARK B. GOLDSTEIN						
			Name of Person			
MARK B. GOLDSTEIN, P.A.						
			Firm/Company			
2700 N MILITARY TRAIL #130						
			Address			
		BOCA RATON, FLORID	A 33431			
			City/State and Zip Code			
		ditsbahamas242@gmail.com	n to be used for future annual i			
or furthe	er information c	oncorning this matter, please c		report nouncation)		
	dwards	17		3-6654		
		f Person	at ()	Daytime Telephone	Number	
	ranie o		, iteli dollo	rayimio reisimone		
Enclosed	is a check for th	ne following amount:				
□ \$25.0	00 Filing Fee	LJ \$30.00 Filing Fee & Certificate of Status	U \$55.00 Filing Fee & Certified Copy (additional copy is enci	(Osed)	0.00 Filing Fee, certificate of Status & certified Copy additional copy is enclosed)	
Mailing Address: Registration Section Division of Corporations		Street Ad				
				ation Section n of Corporations		

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Fax: +15619890426

To: 8506176383

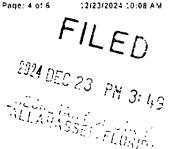
Fax: +18506176383

Page: 4 of 6

12/23/2024 10:08 AM

(((H240004199273)))

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**



On Da Way Exotic Car Rentals, LLC		FLONIC,
(Name of the Limited Liz (A Flo	ability Company as it now appears on our record orda Limited Liability Company)	<u>ds.</u>)
The Articles of Organization for this Limited Liabilit	y Company were filed on 9/11/23	and assigned
Florida document number L23000422300	·	
This amendment is submitted to amend the following	r: 5:	
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 AD	DRESS)	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX	<u> </u>	
B. If amending the registered agent and/or registe agent and/or the new registered office address her	· ——	the name of the new regist
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street addres	
	, Flo	orida Zip Code
	C try:	Eq. 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.

If Changing Registered Agent, Signature of New Registered Agent

From: Ev#Aliaj

Fax: +15619890426

To. 8506176383

Fax: +18506176383

Page: 5 of 6

12/23/2024 10:08 AM

(((H240004199273)))

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>	Name	<u>Address</u>	Type of Action
MGR	LEOPOLD GARTH COOPER	2598 E SUNRISE BLVD SUITE 2104	= Add
		FORT LAUDERDALE, FL 33304	□Remove
			☐ Change
AMBR	LEOPOLD GARTH COOPER	2598 E SUNRISE BLVD 2104	= Add
		FORT LAUDERDALE, FL 33304	□ Remove
			□ Change
MGR	WALNER EDWARDS	2598 E SUNRISE BLVD SUITE 2104	
		FORT LAUDERDALE, FL 33304	Remove
			Change
AMBR	WALNER EDWARDS	2598 E SUNRISE BLVD SUITE 2104	(DAdd
		FORT LAUDERDALE, FL 33304	≅Remove
			☐ Change
			□Add
			DRamove Thampe Thange 23
			DAME CO
/// to to			□Change