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To: Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : INC AUTHORITY, LLC

Account Number : 120240000004 Phone : (775)329-7721 Fax Number : (775)376-9207

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

පිති Email Address: ac.tshirtprinting@gmail.com

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN AD CAR RENTALS, LLC

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M. SOLOMON

MAR 2 9 2024

From Corporate Service Center Inc 1.702.507.9682 Thu Mar 28 16:45:39 2024 MDT Page 2 of 4

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	ENTALS, LLC					
( <u>Name of the Limited Llubility Com</u> (A Florida Limited)	nany as it now appears on fair records.)   Utahility Company)					
The Articles of Organization for this Limited Liability Compan Florida document number <u>L23000525152</u>	y were filed on 11/22/23	and assigned				
This amendment is submitted to amend the following:						
A. If amending name, enter the new name of the limited lia	bility company here:					
The new name must be distinguishable and contain the words "Limited Liab	oility Company," the designation "LLC" or the al	objeviation "L.L.C."				
Enter new principal offices address, if applicable:	111 SE 7Th Ave Apt B					
(Principal office address MUST BE A STREET ADDRESS)	Delray Beach, FL 33483	2024 KAO				
	<del></del>					
Enter new mailing address, if applicable:	111 SE 7Th Ave Apt B	. 29				
(Mailing address MAY BE A POST OFFICE BOX)	Delray Beach, FL 33483	P				
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B. If amending the registered agent and/or registered of registered agent and/or the new registered office address he	office address on our records, <u>enter</u> re:	the name of the new				
Name of New Registered Agent:		······				
New Registered Office Address:						
	Enter Florida street address					
	, Florida					
	City	Zip Cude				

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 Cosporate Service Center Inc 1.702.507.9682 Thu Mar 28 16:45:39 2024 MDT Page 3 of 4 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	Address	Type of Action
MGR	Adam Tate	111 SE 7Th Ave Apt B	<b>D</b> Add
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