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(Requi	estor's Name)
(Addre	ess)
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(City/S	State/Zip/Phone #)
PICK-UP	☐ WAIT ☐ MAIL
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(Docur	ment Number)
Certified Copies	Certificates of Status
Special Instructions to Fili	ng Officer:
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COVER LETTER

TO: Registration Se Division of Cor			
Growth Lo			
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Jonathan Leighton		
		Name of Person	
	Growth Logic LLC		
		Firm/Company	
	770 Claughton Island Dr /	Apt 1407	
		Address	
	Miami, FL 33131		
	******	City/State and Zip Code	
	jonny@dnvmia.com		
	E-mail address: (to be used for future annual report not	ification)
For further information c	concerning this matter, please c	all:	
Jonathan Leighton		786 4861800 at ()	
Name o	f Person		ne Telephone Number
Enclosed is a check for the	he 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 Addres Registration 9		<u>Street Address:</u> Registration Se	ection
Division of C		Division of Co	
P.O. Box 632	2.7	The Centre of T	Γallahassee
Tallahassee, l	FL 32314	2415 N. Monro	e Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Growth Logic LLC		
(<u>Name of the Limited Liabil</u> (A Florid	ity Company as it now appears on our records a Limited Liability Company)	<u>s.</u>)
The Articles of Organization for this Limited Liability C	Company were filed on 12/05/2023	and assigned
lorida document number L23000538534	<u>_</u> .	
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the lim	nited liability company here:	
L Auto Rentals LLC		
he new name must be distinguishable and contain the words "Lin	nited Liability Company," the designation "LLC"	" or the abbreviation "L.L.C."
inter new principal offices address, if applicable:		
<u>Principal office address MUST BE A STREET ADDI</u>	RESS)	<u> </u>
nter new mailing address, if applicable:		မှ
Mailing address MAY BE A POST OFFICE BOX)		: 70
daming manyess mirror DETTT OUT OF THE TOOL		
If amonding the registered agent and/or registere	d office address on our recently enter	tha mama aCtha mary warfut
. If amending the registered agent and/or registere gent and/or the new registered office address here:	d office address on our records, enter	the name of the new regist
None of New Designant Assess		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	5
	Flo	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
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'ffecti	re date, if other than the date of filing: (optional)
fan effe <u>Vote:</u>	ctive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 if the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as ent's effective date on the Department of State's records.
record Lis til	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 ed.
ated _	07/01/2024
	11
	Signature of a member or authorized representative of a member
	Jonathan Leighton
	Typed or printed name of signee

Filing Fee: \$25.00