7/29/24, 4:35 PM

Division of Corporations

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io:

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From:

Account Name : CLAUDIA LIMA TAX & ACCOUNTING ELC

Account Number : I20230000193

Phone

: (407)552-7903

Fax Number

: (407)449-2348

annual report mailings. Enter only one email address please annual report mailings. Enter only one email address please.**4:

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN MAGIC RENTAL CAR GROUP LLC

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T. LEMIEUX Help JUL 3 1 2024

COVER LETTER

TO: Registration S Division of Co			
	ENTAL CAR GROUP LLC		1
SUBJECT:	Name of Lin	niced 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:	
	CLAUDIA LIMA		
	·	Name of Person	·
	CLAUDIA LIMA TAX &	ACCOUNTING LLC	
		Firm/Company	- - ·
	9100 CONROY WINDER	MERE RD STE 200 OFFICE 24	1
		Address	
	WINDERMERE, FL 3478		
		City/State and Zip Code	
	INFO@CLAUDIALIMAT	AX.COM to be used for future annual report no	dification)
For further information c	concerning this matter, please c	·	
CLAUDIA LIMA		407 552-7903 at ()	
Name o	of Person	Area Code Dayti	me Telephone Numbe:
Enclosed is a check for t	he following amount:		
■ \$25.00 Filing Fee	CI \$30.00 Filing Fee & Certificate of Status	1 \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
<u>Mailing Addres</u> Registration !		Street Address: Registration S	ection
Division of C		Division of Co	

P.O. Box 6327 Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MAGIC RENTAL CAR GROUP LLC		
(<u>Name of the Limited Liability C</u> (A Florida Lin	ompany as it now appears on our recornited Liability Company)	<u>ds.</u>)
The Articles of Organization for this Limited Liability Com Florida document number 1.24000097659	npany were filed on 02/26/2024	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	I liability company here:	
GD SERVICES CONSULTING GROUP LLC		
The new name must be distinguishable and contain the words "Limited	Liability Company," the designation "LL	
Enter new principal offices address, if applicable:		2024.
(Principal office address MUST BE A STREET ADDRES	<u> </u>	
Enter new mailing address, if applicable: (<u>Mailing address MAY BE A POST OFFICE BOX)</u>		PH I: 03
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	ffice address on our records, <u>ente</u>	r the name of the new register
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addre	93
		Torida
	Cny	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. Thereby confirm that the limited liability company has been notified in writing of this change.

FAX	☎ +14074492348	-	-	<u> </u>

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
			□ Add
			□Remove
		· 	Change
			□Add
			Change
			□Add
			□Remove
			Change
			C.Add
			□Remove
			_ €Change
			□ Add
			□Remove
			Change
			□Add
			□Remove

FAX

☎ +14074492348

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