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COVER LETTER

Tallahassee, FL 32314

	Registration Se Division of Cor			
CUDIEC		RENTAL CAR LLC		
SUBJEC		Name of Lim	ited Liability Company	
The encl	osed Articles of .	Amendment and fee(s) are sub	mitted for filing.	
Please re	eturn all correspo	ndence concerning this matter	to the following:	
		JONATAS RAINERI		
			Name of Person	<u> </u>
		RBS - RAINERI BUSINE	SS SOLUTIONS	
			Firm/Company	-
		1341 WEST MAIN RD		
			Address	
		MIDDLETOWN, RI 0284	2	
		JON@RBSBIZSOLUTION	City/State and Zip Code	
		E-mail address: (to be used for future annual report not	tification)
For furth	ier information co	oncerning this matter, please co	all:	
JONAT.	AS RAINERI		401 3245200	
-	Name of	f Person	at () Area Code Daytir	ne Telephone Number
Enclosed	I is a check for th	ne 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		Street Address:	action
	Registration S Division of C		Registration Se Division of Co	
	P.O. Box 632		The Centre of	•

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PREMIER RENTAL CAR LLC		
(<u>Name of the Limited Liability Con</u> (A Florida Limite	npany as it now appears on our reco ed Liability Company)	<u>rds.</u>)
The Articles of Organization for this Limited Liability Compa	ny were filed on 03/12/2024	and assigned
Florida document number L24000123633		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited li	ability company here:	
The new name must be distinguishable and contain the words "Limited Li	ability Company," the designation "LI	LC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		1 1
		2711
		i s
Enter new mailing address, if applicable:		<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered offic agent and/or the new registered office address here:	ce address on our records, <u>ente</u>	er the name of the new regi
Name of New Registered Agent:		
Name Productional Office Address v		
New Registered Office Address:	Enter Florida street addi	ress
	.1	Florida
	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 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
AMBR	EDUARDO MONTEIRO CRUZ	4740 WALDEN CIRCLE APT 1037	□Add
		ORLANDO, FL 32811	■Remove
			☐ Change
			□Add
			□Remove
			□Change
			🗆 Add
			Remove
			□ Change
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			☐ Change

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