## L24000357374

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## **COVER LETTER**

TO:

Registration Section

Tallahassee, FL 32314

Division of C	Corporations				
	AUTO RENTALS LLC				
SUBJECT:	Name of Lim	ited Liability Company			
The enclosed Articles	of Amendment and fee(s) are sub	mitted for filing.			
	spondence concerning this matter				
	ary manner and a manner				
	Patricia Barkovic				
		Name of Person	· <del>- · ·</del>		
	BG5 REGISTERED AGE	NT CORP			
		Firm/Company			2025
2711 NW 104th AV - UNIT 303				٠.	2025 HÅY
	<del></del>	Address		32.	20
	SUNRISE, FL 33322				PH
	ibarkovic@gmail.com	City/State and Zip Code		n. 22	5: 45
	E-mail address: (	to be used for future annual report notifi	cation)		
For further information	n concerning this matter, please c	all:			
PATRICIA BARKO	VIC	305 244-7610 at()			
Nan	ie of Person	Area Code Daytime	Telephone Number		
Enclosed is a check for	or the 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 Sta Certified Copy (additional copy is e	atus &	
Mailing Add Registration Division o		Street Address: Registration Sec Division of Corp			
P.O. Box 6	•	The Centre of Ta			

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LUXGO AUTO RENTALS LLC		
( <u>Name of the Limited Liability Co</u> (A Florida Limi	mpany as it now appears on our records ted Liability Company)	
The Articles of Organization for this Limited Liability Comparison document number $\frac{1.24000357374}{}$ .	any were filed on	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited l	liability company here:	
The new name must be distinguishable and contain the words "Limited L	iability Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	6815 Biscayne Blvd Suite 103	#377
Principal office address MUST BE A STREET ADDRESS	Miami FL 33138	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	6815 Biscayne Blvd Suite 103 Miami Fl. 33138	#377
B. If amending the registered agent and/or registered offingent and/or the new registered office address here:	ice address on our records, <u>enter t</u>	the name of the new regist
Name of New Registered Agent: N/A		
New Registered Office Address:	Enter Florida street address	
	. Flo	rida
	Сіў	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
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			□Remove
			□Change
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Note:	e date inserted in this block does not meet the applicable statutory filing requirements, this date will not be effective date on the Department of State's records.	e listed as th
record is fil	ecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day	
_	4/2025	2625
Dated	Mathan)	2025 HAY 20
	Signature of a member or authorized representative of a member	ī
		The E

Filing Fee: \$25.00

Typed or printed name of signee