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MAR 1 9 2019 S. YOUNG

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	RATION: EXOTIC TOYS C	AR RENTAL CORP	
DOCUMENT NUMI			
	of Amendment and fee are su	bmitted for filing.	
Please return all corre	spondence concerning this ma	tter to the following:	
	IVONNE PEREZ		
		Name of Contact Person	1
	EXOTIC TOYS CAR RENT	AL CORP	
	-	Firm/ Company	
	3530 BISCAYNE BLVD		
		Address	
	MIAMI, FL 33137		
		City/ State and Zip Cod	е
SAM	E AS OF RECORD		
		sed for future annual report	notification)
	`	•	, , , , , , , , , , , , , , , , , , ,
For further information	n concerning this matter, pleas	se call:	
WONNE DEDEG		707	(00 514B
IVONNE PEREZ		at (
Name (of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check fo	r the following amount made	payable to the Florida Depa	artment of State:
■ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee: Certificate of Status Certified Copy (Additional Copy is enclosed)
	ling Address		Address
	endment Section		lment Section
Division of Corporations P.O. Box 6327			on of Corporations Building
Tallahassee, FL 32314			Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

EXOTIC TOYS CAR RENTAL CORP

(Name	of Corporation as currentl	y filed with the Florida Dept.	of State)
P14000052401			
	(Document Number o	Corporation (if known)	
Pursuant to the provisions of section 607 its Articles of Incorporation:	.1006. Florida Statutes, this	Florida Profit Corporation add	opts the following amendment(s) to
A. If amending name, enter the new n	ame of the corporation:		
name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	nation "Corp," "Inc," or "	Co". A professional corporat	
B. Enter new principal office address, (Principal office address MUST BE A S			
C. Enter new mailing address, if appl (Mailing address MAY BE A POST) D. If amending the registered agent ar new registered agent and/or the ne	OFFICE BOX) nd/or registered office addi		19 MAR -B FH 6: 14 e of the
Name of New Registered Agent	REGISTERED AGENTS	_	
Thank of the Hegineria High	3030 N. ROCKY POINT I	DR., STE 150A	
	(Florida str	vet address)	
New Registered Office Address:	TAMPA		33607 Florida
		(City)	(Zip Code)
New Registered Agent's Signature, if c I hereby accept the appointment as regis.			of the position.
	Signature of New R	egistered Agent, if changing	

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X Change	<u>PT</u>	John Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	VP	DE FRENZA, MIGUEL A	10819 SW 147TH PLACE
Add			MIAMI, FL 33196
X Remove			
2) Change	VP	LOYNAZ, JONATHAN	475 BRICKELL AVE
X Add			UNIT 1514
Remove			MIAMI, FL 33131
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change		-	
Add			
Remove			

If amending or adding additional Arti (Attach additional sheets, if necessary).	(Be specific)
 	
F. If an amendment provides for an exch provisions for implementing the ame (if not applicable, indicate N/A)	nange, reclassification, or cancellation of issued shares, ndment if not contained in the amendment itself:

The date of each amendment(s) addate this document was signed.	option:, if other than the
Effective date if applicable:	
	(no more than 90 days after amendment file date)
Note: If the date inserted in this b document's effective date on the De	lock does not meet the applicable statutory filing requirements, this date will not be listed as the partment of State's records.
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were ado by the shareholders was/were su	pted by the shareholders. The number of votes cast for the amendment(s) ficient for approval.
	roved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):
	or the amendment(s) was/were sufficient for approval
by	(voting group)
	(voting group)
The amendment(s) was/were ado action was not required.	pted by the board of directors without shareholder action and shareholder
☐ The amendment(s) was/were ado action was not required.	pted by the incorporators without shareholder action and shareholder
JANUARY	16 <u>, 2</u> 019
Dated	
s:	
Signature By di	rector, president or other officer – if directors or officers have not been
selected	l. by an incorporator – if in the hands of a receiver, trustee, or other court
appoint	ed fiduciary by that fiduciary)
•	
	Ivonne Terez
	(Typed or printed name of person signing)
	Iresident
	(Title of person signing)