200044265

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Ĉi	ty/State/Zip/Phone #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Name)
(Do	ocument Number)	
Certified Copies	_ Certificates of	f Status
Special Instructions to	Filing Officer:	

Office Use Only



800431388278

96/14/24--01010--015 **35.00

JUL 17 S. PRATHER

COVER LETTER

4O: Amendment Section Division of Corporations

NAME OF CORPO	RATION: MELA GROUP CA	AR RENTALS INC	
DOCUMENT NUM	BER: P17000044265		
The enclosed Articles	of Amendment and fee are su	binitted for filing.	
Please return all corre	spondence concerning this ma	tter to the following:	
	ALEX EDMOND		
		Name of Contact Person	1
	1501 N SR7	Firm/ Company	
	MARGATE FL 33063	Address	
		City/ State and Zip Cod	e
	XELAGROUP@GMAIL.CC		
	E-mail address: (to be us	sed for future annual report	notification)
For further informatic	in concerning this matter, pleas	se call:	
ALEX EDMOND		954 at (780-6014
Name	of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check fo	or the following amount made	payable to the Florida Depa	artment of State:
S35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	☐\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Am Div P.O	iling Address endment Section ision of Corporations . Box 6327 ahassee, FI, 32314	Amend Division The C 2415 ?	Address Innent Section on of Corporations entre of Taliahassee N. Monroe Street, Suite 810 assee, F1, 32303

Articles of Amendment

	to Articles of Incorporation		11 E
	of	ξο	
XELA GROUP CAR RENTALS INC		[3]	 .
(Name of Cor	rporation as currently filed with the Florida Dept. of State)	<u></u> ;	
P17000044265		gt	-:1
	(Document Number of Corporation (if known)		r.
Pursuant to the provisions of section 607,1006, its Articles of Incorporation:	Florida Statutes, this Florida Profit Corporation adopts the following	ig amendmenti	s) to
A. If amending name, enter the new name o	f the corporation:		
XELA GROUP INC		The new	
"Inc.," or Co.," or the designation "Corp." "chartered," "professional association," or th B. Enter new principal office address, if app	olicable:	on "Corp.," in the word	
(Principal office address <u>MUST BE A STREE</u>	ET ADDRESS)		
C. Enter new mailing address, if applicable (Mailing address MAY BE A POST OFFI			
D. <u>If amending the registered agent and/or new registered agent and/or the new regi</u>	registered office address in Florida, enter the name of the istered office address:		
Name of New Registered Agent		_	
	(Florida street address)	_	
Man Buria and Off All	,		
<u>New Registered Office Address:</u>		Code)	
New Registered Agent's Signature, if changi I hereby accept the appointment as registered a	ing Registered Agent; agent.—I am familiar with and accept the obligations of the position.		
	Signature of New Registered Agent, if changing		

Check if applicable

 \Box The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

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)

Example:

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. It 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 Doc 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 Doc, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

X Change	<u>PT</u>	John Dog	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
L) Change			
Add			
Remove			
2) Change	_		
Add			
Remove 3 Change			
Add			
Remove			
4)Change			
Add			
Remove			
5) Change			
Add			
Remove			***************************************
6) Change			
Add			
Remove			

Attach additional sheets, if neces	sary), (Be specific)			
		·····	······································	
				
				
		,		
				···
				
				
f an amendment provides for a	in exchange, reclassificat	non, or cancellation o	Lissued shares,	
provisions for implementing the (if not applicable, indicate)	<u>te amendinen</u> t ir not con Way	tainea in the amenan	icht itsen:	
(ij ma appin aine, maneine :	******			
				
				
	······		<u> </u>	
· · · · · · · · · · · · · · · · · · ·	.,			

. .

The date of each amendment(s) add date this document was signed.	ption:	, if other than
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this blo document's effective date on the Dep	ck does not meet the applicable statutory filing requirements, this date wil artment of State's records.	I not be listed as
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were adop action was not required.	ted by the incorporators, or board of directors without shareholder action and	l shareholder
☐ The amendment(s) was/were adop by the shareholders was/were suff	ted by the shareholders. The number of votes cast for the amendment(s) licient for approval.	
	oved by the shareholders through voting groups. The following statement ach voting group entitled to vote separately on the amendment(s).	2024
"The number of votes east fo	or the amendment(s) was/were sufficient for approval	2024 JUN 14 /.LL**!!#CSF
hy	(voting group)	
Dated 6		80 P 12 . Lőzt 5/
selected,	ector, president or other officer – if directors or officers have not been by an incorporator – if in the hands of a receiver, trustee, or other court d fiduciary by that fiduciary)	_
A,	A.EX EDMOND	
_	(Typed or printed name of person signing)	
ti.	resident	

(Title of person signing)

the

the