P210000000440

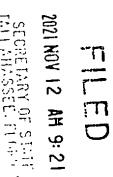
(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			
J. HORNE DEC -7 2021			
DEC -7 2021			
UEO .			

Office Use Only



900376299629

11/12/21--01072--001 *+85.00



COVER LETTER

TO: Amendment Section Division of Corporations NAME OF CORPORATION: Logan Cash Car Rental Inc DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Schamma Maignan

Name of Contact Person

Logan Cash Car Rental Inc 1001 West colonial dr

Address

Orlando Florida 32804

City/ State and Zip Code Schammae logan carrental. on microsoft. com
E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Schamma Maignan at 384 518-979/
Name of Contact Person Area Code & Daytime Telephone Number Enclosed is a check for the following amount made payable to the Florida Department of State: \$35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy (Additional Copy enclosed) is enclosed)

Mailing Address

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Articles of Amendment

Articles of Incorporation

Logan Cash Car Rental Inc 2021 NOV 12 AM 9:2

(Name of Corporation as currently filed with the Florida Dept. of State ECRETARY OF STATE

TALLAHASSEF, FI CH Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A." B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>) 1001 west colonial dr Orlando FL 32804 C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: Name of New Registered Agent (Florida street address) New Registered Office Address:

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature of New Registered Agent, if changing

Check if applicable

☐ 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)

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	
_ <u>X</u> Add	<u>sv</u>	Sally Smith	
Type of Action (Check One) 1) X Change	<u>Title</u> CEÖ	Name Schamma Maignan	Address 1001 West colonial de
Add			Orlando FL 32804
Remove 2) Change			
Add Remove 3) Change			
Add Remove 4) Change			
Add Remove			
5) Change Add			
Remove 6) Change Add			
Remove			

E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)
Busicles against addrage neade to be undaled to
Register agent address needs to be updated to 1001 west colonial dr Orlando FL 32804.
IVOI WEST COIONIAI OUR OFTANDO FL 32804.
·
,
F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares,
provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)
(у пол архисиоле, такие гол)

The date of each amendment(s) addate this document was signed.	option: 11/10/2021	, if other than the
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment fi	ile date)
Note: If the date inserted in this blo document's effective date on the Dep	ock does not meet the applicable statutory filing requartment of State's records.	tirements, this date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
he amendment(s) was/were adopaction was not required.	ted by the incorporators, or board of directors without	shareholder action and shareholder
☐ The amendment(s) was/were adop by the shareholders was/were suf	ted by the shareholders. The number of votes cast for licient for approval.	the amendment(s)
	oved by the shareholders through voting groups. The ach voting group entitled to vote separately on the am	
	or the amendment(s) was/were sufficient for approval	
by	(voting group)	,
	(voting group)	
Dated // -/	0-2021) ueign	
Signature) union	
(By a dir selected	ector, president or other officer – if directors or officer by an incorporator – if in the hands of a receiver, trus d fiduciary by that fiduciary)	
	Schamma Maignan	
-	(Typed or printed name of person signing)	
	President	
-	(Title of person signing)	