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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPOR	ATION: ONE WAY AUTO	D RENTAL CORP.	
DOCUMENT NUMB	ER: P21000054726		
	of Amendment and fee are su	abmitted for filing.	
Please return all corresp	pondence concerning this ma	atter to the following:	
		JOHAN M MELO	
-		Name of Contact Perso	n
-		Firm/ Company	
		4123 MISSION CT APT	203
<del>-</del>		Address	<u></u>
_		KISSIMMEE, FL 347	41
		City/ State and Zip Cod	e
		onewayautorental@gmail.u	com
-	E-mail address: (to be us	sed for future annual report	notification)
For further information	concerning this matter, plea.	se call:	
АНОГ	AN M MELO	407 at (	) 949-2090 de & Daytime Telephone Number
Name of Contact Person		Area Co	de & Daytime Telephone Number
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment of State:
S35 Filing Fee	S43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy 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 to Articles of Incorporation of

## ONE WAY AUTO RENTAL CORP.

VIII 1111	NOTO RESTAL CORT.			
(Name of Corporation a	is currently filed with the Flor	ida Dept. of State)		
P	21000054726			
(Document	Number of Corporation (if know	wn)		
Pursuant to the provisions of section 607.1006, Florida Sta its Articles of Incorporation:	itutes, this <i>Florida Profit Corpo</i>	ration adopts the follo	owing amendm	nent(s) to
A. If amending name, enter the new name of the corpo	oration:			
name must be distinguishable and contain the word "corpo- "Inc.," or Co.," or the designation "Corp," "Inc," or "chartered," "professional association," or the abbreviate	"Co". A professional corpo	oorated" or the abbrev ration name must co	The ne viation "Corp., ntain the wor	
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRE.	<u></u>			
			2021	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			JUL 12	1 1
	<del></del>		P.	TI
D. If amending the registered agent and/or registered o	office address in Florida, enter	the name of the	2: 20	
new registered agent and/or the new registered offic	e address:			
Name of New Registered Agent				
	Florida street address)			
	· ···,			
New Registered Office Address;	(City)	, Florida 	Zip Codé)	
New Registered Agent's Signature, if changing Register I hereby accept the appointment as registered agent. I am	ed Agent: familiar with and accept the ob	ligations of the position	m.	
Signature	of New Registered Agent, if cha	ınging		

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.

X Change	<u>PT</u>	John Do	<u>oe</u>	
X Remove	<u>V</u>	Mike Jo	<u>ones</u>	
X Add	<u>SV</u>	Sally Si	e <u>mith</u>	
Type of Action (Check One)	<u>Title</u>		Name	<u>Addres</u> s
1) Change	MGR		JOHAN M MELO	4123 MISSION CT APT 203
Add				KISSIMMEE, FL 34741
x Remove				
2) Change		_		
Add				
Remove 3) Change		_	47	
Add				
Remove				
4) Change	<u> </u>	_		
Add				
Remove				
<i>5)</i> Change		_		
Add				
Remove				
б) Change		<del>_</del>		
Add				
Remove				

f amending or adding additional Arti Attach additional sheets, if necessary).	(Be specific)		
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an amendment provides for an excha	men malassification	H 41 - 64 - 1 1	
rovisions for implementing the amen	dment if not contained in th	cenation of issued snares ie amendment itself:	<u>'</u>
(if not applicable, indicate N/A)		The second second	
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The date of each amendment(s) adoption:date this document was signed.	, if other than the
Effective date if applicable:	
(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this document's effective date on the Department of State's records.	late will not be listed as the
Adoption of Amendment(s) ( <u>CHECK ONE</u> )	
☐ The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder act action was not required.	ion and shareholder
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment by the shareholders was/were sufficient for approval.	$S(\mathbf{S})$
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following staten must be separately provided for each voting group entitled to vote separately on the amendment(s):	ient
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by	
(voting group)	
Dated 9/6/21	
Signature  (By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other cou appointed fiduciary by that fiduciary)	rt
JOHAN M MELO	
(Typed or printed name of person signing)	
PRESIDENT	
(Title of person signing)	<del></del>