

P220000 72234

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

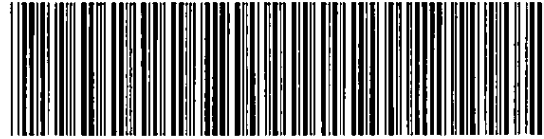
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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Cement

2023 JUN 15 AM 10:43

FILED

CLERK OF STATE
TALLAHASSEE, FLORIDA

2023 JUN 13 PM 4:44

RECEIVED

A. RAMSEY

JUN 16 2023

*02250, 00524, 00671

FLORIDA CAPITAL COURIER SERVICES, INC

2330 CLARE DRIVE

TALLAHASSEE, FL 32309

(850) 524-5437

(850) 524-6243

Please use funds from this account: I20210000160: \$35.00

Authorization Signature:  :

GO DRIVE RENTAL CARS CORP

P22000072234

BUSINESS NAME

DOCUMENT #

☐ Certified Copy

☐ Certificate of Status

NEW FILINGS

- ☐ Profit Corp
- ☐ Not for Profit
- ☐ Limited Liability
- ☐ Domestication
- ☐ Other
- ☐ CORP
- ☐ LLLP

AMMENDMENTS

- ☒ **Amendment**
- ☐ Resignation of R.A. Officer/Director
- ☐ Change of Registered Agent
- ☐ Revocation of Dissolution
- ☐ Merger
- ☐ Articles of Conversion
- ☐ Amended and restated Articles
- ☐ Statement of Authority

OTHER FILINGS

- ☐ Annual Report
- ☐ Fictitious Name
- ☐ APOSTILLE
- ☐ Country

REGISTRATION/QUALIFICATIONS

- ☐ Foreign filing
- ☐ Limited Partnership
- ☐ Reinstatement
- ☐ Other

EXAMINER'S INITIALS: _____

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: GO DRIVE RENTAL CARS CORP

DOCUMENT NUMBER: P22000072234

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Heber Benfica

Name of Contact Person

Firm/ Company

17570 ATLANTIC BLVD., 119 SUNNY ISLES BEACH, FL 33160 USA

Address

SUNNY ISLES BEACH, FL 33160

City/ State and Zip Code

heber.benfica@icloud.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Heber Benfica

at (786)

7197688

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 &
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)

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 14, 2023

FLORIDA CAPITAL COURIER SERVICES, INC.

TALLAHASSEE, FL 32309

SUBJECT: GO DRIVE RENTAL CARS CORP
Ref. Number: P22000072234

We have received your document for GO DRIVE RENTAL CARS CORP and the authorization to debit your account in the amount of \$35.00. However, the document has not been filed and is being returned for the following:

Heber Benfica Da Silva needs to sign the amendment in the space provided at the bottom of page 4.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Annette Ramsey
OPS

Letter Number: 023A00013475



2023 JUL 15 AM 10:49

Articles of Amendment
to
Articles of Incorporation
of

FILED

Go Drive Rental Cars Corp.

2023 JUN 15 AM 10:43

(Name of Corporation as currently filed with the Florida Dept. of State)

P 22000072234

CLERK OF STATE
TALLAHASSEE, FLORIDA

(Document Number of Corporation (if known))

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:

The new 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 **MUST BE A STREET ADDRESS**)

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:

(City)

Florida

(Zip Code)

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.

Remove

(Attach additional sheets, if necessary). (Be specific)

(if not applicable, indicate N/A)

DE OLIVEIRA SHIMADA, VICTOR ENRIQUE 167 SHARES

PRACA LOPES, DAVIDSON 167 SHARES

Marques Augusto do Santos Freitas 666 SHARES

JUNE 13, 2023

The date of each amendment(s) adoption: _____, if other than the date this document was signed.

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 date will not be listed as the document's effective date on the Department of State's records.

Adoption of Amendment(s) (CHECK ONE)

- ☒ The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and shareholder action was not required.
- ☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.
- ☐ The amendment(s) was/were approved by the shareholders through voting groups. *The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):*

"The number of votes cast for the amendment(s) was/were sufficient for approval
by _____."
(voting group)

06-13-2023
Dated _____

Signature Heber Bembica da Silva
(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 court appointed fiduciary by that fiduciary)

HEBER BEMFICA DA SILVA

(Typed or printed name of person signing)

DIRECTOR

(Title of person signing)