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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: AGM RENTAL'S	INC 	
DOCUMENT NUMI	BER: P23000041176		
The enclosed Articles	of Amendment and fee are su	bmitted for filing.	
Please return all corre	spondence concerning this ma	tter to the following:	
	DELIA JIMENEZ		
		Name of Contact Person	1
	JIMENEZ_TAX@HOTMAI	L.COM	
		Firm/ Company	
	3003 S CONGRESS AVE S	TE 2C	
		Address	
	PALM SPRINGS, FL 33461		
		City/ State and Zip Cod	<u> </u>
	jimenez tax@hotmail.com		
		sed for future annual report	notification)
For further informatio	n concerning this matter, plea	se call:	
DELIA ЛМЕNEZ	·	561 at (de & Daytime Telephone Number
Name	of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check fo	r the following amount made	payable to the Florida Dep	artment of State:
S35 Filing Fee	□S43.75 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)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Amenc Divisio The C	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810

Tallahassee, FL 32303

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Articles of Amendment to Articles of Incorporation of

AGM RENTAL'S INC				
(<u>Name</u>)	of Corporation as c	urrently filed with the Flor	ida Dept. of State)	
P23000041176				
	(Document Nu	unber of Corporation (if know	wn)	
Pursuant to the provisions of section 607, its Articles of Incorporation:	,1006, Florida Statut	es, this Florida Profit Corpo	ration adopts the following	ig amendment(s) to
A. If amending name, enter the new n AGM RENTALS INC	ame of the corporat	tion:		The new
name must be distinguishable and contain "Inc.," or Co.," or the designation "C "chartered," "professional association,"	Corp," "Inc," or "C	Co". A professional corpo	orated" or the abbreviati ration name must contai	on "Corp"
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		N/A		
			-	
•				
				
C. Enter new mailing address, if appl (Mailing address <u>MAY BE A POST</u>		N/A		
D. If amending the registered agent at new registered agent and/or the ne	nd/or registered offi w registered office : N/A	ice address in Florida, enter address:	r the name of the	
Name of New Registered Agent				_
		lorida street uddress)		
New Registered Office Address:	N/A	(City)	, Florida	Code)
New Registered Agent's Signature, if c I hereby accept the appointment as regis	hanging Registered tered agent. I am fa	1 Agent: uniliar with and accept the or	bligations of the position. $arphi$	25
	N/H			771 HOV
	Signature oj	f New Registered Agent, if ch	anging 5	<u> </u>
Check if applicable [] The amendment(s) is/are being filed p	nursuant to s. 607.01	20 (11) (e), F.S.	OF STA	PH 2:1

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	\underline{V}	Mike Jones	
<u>X</u> Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change			
Add			
Remove			
2) Change			
Add			
Remove 3) Change			
Add			
Remove			
4) Change			
_ Add			
Remove			
5) Change			
Add			
Remove			
6) Change			- C 20
Add			2021 KOA
Remove			
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(Attach additional sheets, if necessary).	(Be specific)
REMOVE THE APOSTROPHE	
If an amondment provides for an eyeh	canon reclassification or cancellation of issued shares.
provisions for implementing the amer	nange, reclassification, or cancellation of issued shares, and ment if not contained in the amendment itself:
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, adment if not contained in the amendment itself:
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	OCTOBER 15TH, 2024	
The date of each amendment(s) date this document was signed.	adoption:	, if other than the
Al Effective date if applicable:	JGUST 1ST, 2024	
	(no more than 90 days after amendment file date	1
Note: If the date inserted in this document's effective date on the I	block does not meet the applicable statutory filing requiremen Department of State's records.	ts, this date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were a action was not required.	dopted by the incorporators, or board of directors without shareh	older action and shareholder
The amendment(s) was/were a by the shareholders was/were	dopted by the shareholders. The number of votes cast for the am sufficient for approval.	endment(s)
Li The amendment(s) was/were a must be separately provided fe	pproved by the shareholders through voting groups. The following reach voting group entitled to vote separately on the amendmen	ng statement pt(s):
"The number of votes ca	st for the amendment(s) was/were sufficient for approval	
by	<u> </u>	
	(voting group)	
10/15/203	2-4	
Dated	<i>N</i> 2	
Signature	40	
selec	director, president or other officer - if directors or officers have ted, by an incorporator - if in the hands of a receiver, trustee, or inted fiduciary by that fiduciary)	
	ALBERTO GARCIA	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	

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