2/18/2025, 1:37, PM PST TO: +18506176383 FROM: 17869470844 PAGE 1/5 Division of Corporations 2/18/25, 4:24 PM

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H25000062369 3)))



H250000623693ABC0

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : LICENSES & PERMITS LLC

Account Number : I20210000155 Phone : (305)226-8727 Fax Number : (786)947-0844

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN POLO'S CAR RENTAL LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

Electronic Filing Menu

Corporate Filing Menu

Help

2/18/2025, 1:37.PM PST TO: +18506176383 FROM: 17869470844 PAGE 2/5 **COVER LETTER**

	egistration Se ivision of Cor			
כוים וברד	Polo's Car I	Rental LLC		
SUBJECT	·	Name of Lim	ited Liability Company	
The enclose	ed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please retur	m all correspo	ondence concerning this matter	to the following:	
		Lucia Estrella		
	,		Name of Person	
		Licenses & Permits LLC		
			Firm/Company	
		8300 W Flagler Steet Suite	: 114	
			Address	
		Miami, Fl 33144		
			City/State and Zip Code	
		licenses 114@gmail.com	to be used for future annual report no	nification)
For further	information c	oncerning this matter, please of	·	tineation)
Lucia Estre	ella		305 226-8727 at ()	
	Name o	f Person		ne Telephone Number
Enclosed is	a check for th	ne following amount:		
■ \$25.00	Filing Fee	S30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	ailing Addres		Street Address:	
Registration Section Division of Corporations			Registration So Division of Co	
	O. Box 632		The Centre of	•

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

2/18/2025, 1:37 PM PST TO: +18506176383 FROM: 17869470844 PAGE 3/5

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Polo's Car Rental LLC		
(<u>Name of the Limited Liability</u> (A Florida L	Company as it now appears on our records.) Limited Liability Company)	
The Articles of Organization for this Limited Liability Co	mpany were filed on Feb 11, 2025	and assigned
Florida document number L25000058082	<u>-</u> .	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limite	ed liability company here:	
Polos Car Rental LLC		
The new name must be distinguishable and contain the words "Limite	ed Liability Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRE	<u> </u>	
		•
		025
Enter new mailing address, if applicable:		
• • •		
(Mailing address MAY BE A POST OFFICE BOX)		<u> </u>
		
n te		2.
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	office address on our records, <u>enter the</u>	name of the new registered
ngent who is the new registered office address here.		1.
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	· -
	. Floric	la
	City	Zip Code

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

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

2/18/2025, 1:37 PM PST TO: +18506176383 FROM: 17869470844 PAGE 4/5

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
			□ Change
			🗆 Add
			□Remove
			□Change
			□Remove
			[]Change
			□Add
			□Remove
			□ Change
			🗆 Add
			□ Remove
			□Change
			ÜAdd
			□Remove

J V	nation, enter change(s) here: (Attach additional sheets, if necessary.)
	
1-1-2-2-	
	
E. Effective date, if other than the (If an effective date is listed, the date in Note: If the date inserted in this bedocument's effective date on the light	re date of filing: [Coptional] Substitute of filing or more than 90 days after filing.) Pursuant to 605.0207 (3 block does not meet the applicable statutory filing requirements, this date will not be listed as the Department of State's records.
f the record specifies a delayed effecti ecord is filed.	tive date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated Feb 18	2025
	FLICK FUD JGZ Signature of a member or authorized representative of a member
Erick Polo Diaz	B

Filing Fee: \$25.00

Typed or printed name of signee