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DIVISION OF CORPORATIONS

09 JUL 23 AN II: St.

T. HAMPTON

JUL 2 4 2009

EXAMINER

COVER LETTER

TO:	Registration S Division of Co					
SURI	ec⊤.	LAS RI	ENTALS, LLC			
Name of Limited Liability Company						
The en	closed Articles o	f Amendment and fee(s) are sub	emitted for filing.			
Please	return all corresp	ondence concerning this matter	to the following:			
	RICHARD L. STEVENS					
			Name of Person			
LAS RENTALS, LLC						
Firm/Company						
	2350-N 34TH STREET N.					
Address						
		ST. F	PETERSBURG, FL 33713			
			City/State and Zip Code			
		rsteve	ns@paylesscarrental.com			
D 0			,			
For tu	rther information	concerning this matter, please of	call:			
RICHARD L. STEVENS			at (813)	789-8075		
	Name	of Person .	Area Code & Daytir	ne Telephone Number		
Enclos	sed is a check for	the following amount:				
\$2:	5.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclose	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		
	Regis Divis P.O. 1	LING ADDRESS: stration Section ion of Corporations Box 6327 hassee, FL 32314	STREET/COUR Registration Section Division of Corporation Building 2661 Executive Country Tallahassee, FL-3	orations Center Circle		

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	LAS RENT	TALS, LLC		
(<u>Nar</u>	ne of the Limited Liability Compa (A Florida Limited	iny as it now appe Liability Company	ars on our records.)	
	or this Limited Liability Compan	y were filed on	JULY 29, 2004	and assigned
Florida document number	L04000056226			
This amendment is submitted	to amend the following:			
A. If amending name, enter	the new name of the limited lia	bility company h	ere:	
The new name must be distingui "L.L.C."	shable and end with the words "Lin	nited Liability Com	pany," the designation "LI	LC" or the abbreviation
Enter new principal offices a	ddress, if applicable:			P 60 SECAIO
. ,	ST BE A STREET ADDRESS)	± 1.000 m		P SRE
Enter new mailing address, i				ILED RY OF STATE CORPORATIO
(Mailing address MAY BE A	<u>POST OFFICE BOX)</u>			
	ered agent and/or registered of new registered office address he		our records, enter th	ne name of the nev
Name of New Regist	ered Agent:			
New Registered Offi	ce Address:		Enter Florida street addr	ess
	<u></u>	City	, Florida	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 608, 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.

If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records;

MGR = Manager MGRM = Managing Member Title Name Address Type of Action ☐ Add ☐ Remove ∏ Add Remove ☐ Add Remove Add Remove □Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) THE BUSINESS PURPOSE CLAUSE OF ARTICLE II IS AMENDED TO INCLUDE: "TO ENGAGE IN THE BUSINESS OF INSURANCE IN ALL LINES OF AUTHORITY PERMITTED UNDER THE LICENSE ISSUED IN COMPLIANCE WITH THE NEVADA REVISED STATUTES (NRS) AND NEVADA ADMINISTRATIVE CODE (NAC)" JULY 20 2009 Dated ____ Signature of a member or authorized representative of a member RICHARD L. STEVENS

Page 2 of 2

Filing Fee: \$25.00

Typed or printed name of signee