

L040000 56226

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

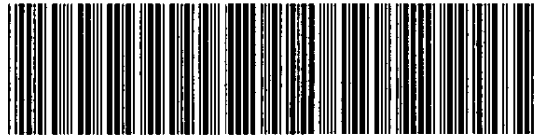
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500158738345

07/23/09--01007--007 **25.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
09 JUL 23 AM 11:54

T. HAMPTON

JUL 24 2009

EXAMINER

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: LAS RENTALS, LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

RICHARD L. STEVENS

Name of Person

LAS RENTALS, LLC

Firm/Company

2350-N 34TH STREET N.

Address

ST. PETERSBURG, FL 33713

City/State and Zip Code

rstevens@paylesscarrental.com

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

For further information concerning this matter, please call:

RICHARD L. STEVENS

Name of Person

at (**813**)

789-8075

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed) |
|--|--|--|--|

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

LAS RENTALS, LLC

Page 1 of 2

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

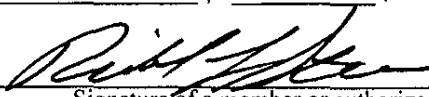
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> 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)"

Dated JULY 20, 2009



Signature of a member or authorized representative of a member

RICHARD L. STEVENS

Typed or printed name of signee

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
09 JUL 23 AM 11:54