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To:

Division of Corporations

Fax Number (858)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (813)436-5206

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

Email Address:

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN MK ELITE RENTALS LLC

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T. LEMIEUX APR 10 2024 4/9/2024 10:37***09 PDT -** To: 18506176383 Page: 2/4 Fax: 8134365206

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(A Florida Limited Liability C	,
e Articles of Organization for this Limited Liability Company were fil	led on and assigned
orida document number L21000437676	
is amendment is submitted to amend the following:	
If amending name, enter the new name of the limited liability con	npany here:
new name must be distinguishable and contain the words "Limited Liability Comp	oany," the designation "L.L.C." or the abbreviation "L.L.C."
ter new principal offices address, if applicable:	1024
incipal office address MUST BE A STREET ADDRESS)	2024 APG
	51
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iter new mailing address, if applicable:	
tter new mailing address, if applicable:	. vi

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.

City

Enter Florida street address

_, Florida __

4/9/2024 10:37 • Page: 3/4 Fax: 8134365206

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

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	GAINES, KIARA S	1117 KELLER ST.	□Add
		STARKE, FL 32091	⊠ Remove
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n effective date is listed, the date mu ite: If the date inserted in this b cument's effective date on the E	ock does not meet the applicable stati	thing or more than 90 days after filing.) Pursuant to 605.0 attory filing requirements, this date will not be listed
ecord specifies a delayed effectr is filed.	e date, but not an effective time, at 17	2:01 a.m. on the earlier of: {b} The 90th day after t
	2024	
ted April 9	Robert Jan	

Typed or printed name of signee