L2Z000435160

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Durings Field March)
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
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COVER LETTER

Registration Section

TO:

Division of Co	rporations				
MD-CAR	RENTAL LLC				
SUBJECT:	Name of Li	mited Liability Company			
	f Amendment and fee(s) are su	•			
	ANATOLII OGNYEV				
		Name of Person		_	
	MD-CAR RENTAL LLC	:			
		Firm/Company	-	****	
	914 NE 26TH AVE				
		Address		-	
	HALLANDALE, FL 3300	09		45	2022 DEI
		City/State and Zip Code		<u>~</u> [])EC
	CARMDRENTAL@GMA	IICOM			۵) 1
	E-mail address:	(to be used for future annual report notific	ation)		****
For further information c	oncerning this matter, please c	call:			#110±2
ANATOLII OGNYEV		786 608-8535		·	29
Name o	f Person		elephone Number		
Enclosed is a check for th	e following amount:				
□ \$25.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Fil Certificat Certified (additional	te of Statu Copy	
Mailing Address Registration S Division of Co P.O. Box 632 Tallahassec, F	ection orporations 7	Street Address: Registration Section Division of Corporation The Centre of Tall 2415 N. Monroe S Tallahassee, FL 32	rations ahassee treet, Suite 81	10	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MD-CAR RENTAL LLC		
(<u>Name of the Limited Liability</u> (A Florida L	Company as it now appears on our records.) imited Liability Company)	
The Articles of Organization for this Limited Liability Cor	mpany were filed on 10/10/2022	and assigned
Florida document number L22000435160		and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limite	d liability company here:	
The new name must be distinguishable and contain the words "Limited	d Liability Company," the designation "LLC" or th	e abbreviation "L. L. C."
enter new principal offices address, if applicable:		12/12/2
Principal office address MUST BE A STREET ADDRES	<u> </u>	
		. 53
		1002 D
nter new mailing address, if applicable:		REC BE
Mailing address MAY BE A POST OFFICE BOX)		-
		5
. If amending the registered agent and/or registered of gent and/or the new registered office address here:	Tice address on our records, enter the n	nme of the new register
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	·
	, Florida _	
	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.

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
MGR	OLEKSANDR BARTOSHYK	801 THREE BLVD UNIT 208 BLDG 4	≡ Add
		HALLANDALE BEACH, FL 33009	Remove
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Tactivo data if ather then the data of	12/01/2022			
Tective date, if other than the date of in effective date is listed, the date must be specif	ic and cannot be prior to a	date of filing or more than 90	(optional) days after filing.) Pur	suant to 605,020
ote: If the date inserted in this block does becoment's effective date on the Department	not meet the applicable of State's records.	e statutory filing requiren	ients, this date will	not be listed a
record specifies a delayed effective date, bu	t not an effective time	e, at 12:01 a.m. on the ear	lier of: (b) The 90	th day after the
is filed.				
DECEMBER 1	2022			
		•		

Typed or printed name of signee