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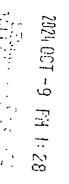
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Certified Copies	Certificates of Status
Special Instructions to Fil	ling Officer:
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COVER LETTER

Division of Corporations
SUBJECT: MEHR (av sental 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:
Samuel Charlostin
MEHR Carrental LLC
MEHR Carrental LLC Firm/Company 10-31 IVES dairy Rd Stedt
Michael Flags State and Zip Code 33170
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Samuel Chay & Structure 386 8 13 - 8009 (863-254- Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
7 S25.00 Filing Fee □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status Certified Copy tadditional copy is enclosed) □ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address:

TO:

Registration Section

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

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

(Name of the Limited Liability Comp (A Florida Limited	any as it now appears on our records.) Tability Company)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L. 23000436</u> C	y were filed on $\frac{09}{19}\frac{19}{2023}$ and assigned $\frac{5}{2}$	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lial BIGBALLY The new name must be distinguishable and contain the words "Limited Liab		
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	10/NW 197th street Miami FL 33/69	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	101 NW 197 In Stre Miami FL 33 169	e ⁴
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the name of the new register	<u>ed</u>
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	Florida	

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 Changing Registered Agent, Signature of New Registered Agent

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

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
			□Add
			□Remove
			□Change
			□Add
			Remove
			[]Change
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			□Remove
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ective date, if other the effective date is listed, the ete: If the date inserted in cument's effective date of	date must be specific a n this block does not	and cannot be prior to t meet the applical	o date of filing or mo		ling.) Pursuant to 605.02
cord specifies a delayed s filed.	effective date, but n	ot an effective tin	ne, at 12:01 a.m. or	the earlier of: (b)	The 90th day after the
red 10/7/	24		_·		
		C - AA			
		a member or author		fa member	

Filing Fee: \$25.00