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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: May Hear Rantal 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:
Melisa Kinnayoran Name of Person May Hear Rental Firm/Company 1705 Edgewater Drive #547023 Address Orlando Fl. 32804 City/State and Zip Code Mayinne many and any all com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Melissa Kihnemann at (407) 701-8668 Name of Person Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed) □ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed)

Mailing Address:
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 OF

MAJ Gear Ren	1+a/	
(Name of the Limited Liability Compa (A Florida Limited L	iny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number <u>LZ400011490</u>	were filed on 1 - 4 - 24	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability of the limited liability of the new name of the limited liability of the limited liability of the new name of the limited liability of the new name of the limited liability of the limited liability of the new name of the new nam	Rental LLC	he abbreviation "L.L.C."
Enter new principal offices address, if applicable:	n/a	26
(Principal office address MUST BE A STREET ADDRESS)		ACE TO
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	n/a	TARY OF STATE
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, enter the	name of the new registered
Name of New Registered Agent:	, 2	
New Registered Office Address:		· · · · · · · · · · · · · · · · · · ·
	Enter Florida street address	
	, 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 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, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
	$\frac{1}{2}$ n/ω		□Add
			□Remove
			□Change
			□Add
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			□Change
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
I am only requesting the
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ma I Man nontal. to
City Benetical Hone Routel.
They remedie to the second
E. Effective date, if other than the date of filing:
If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.
Dated May 14 2024. Melisa Signature of a member or authorized representative of a member Melissa 7/1h amann Typed or printed name of signee
Mclissa 7Kihamann Typed or printed name of signee

Filing Fee: \$25.00