

L24000040299

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : SA FINANCE & ACCOUNTING INC.
Account Number : I20190000111
Phone : (407)800-7028
Fax Number : (407)992-9407

****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
MC-RENTALS LLC**

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MAY 21 2024

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DEPT. OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2024 MAY 20 PM 2:54

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MC-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:

Maria C Sousa Neiva

Name of Person

SA Finance & Accounting Inc

Firm/Company

5728 Major Blvd Ste 307

Address

Orlando Florida 32819

City/State and Zip Code

Licenses@safinacc.com

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

For further information concerning this matter, please call:

Maria C Sousa

Name of Person

at (407)

Area Code

3007028

Daytime Telephone Number

Enclosed is a check for the following amount:

■

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

DS
AP

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ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

MC-RENTALS LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed 01/22/2024 and assigned on Florida document number L24000040299

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

SA FINANCE & ACCOUNTING INC

New Registered Office Address:

5728 Major Blvd. Ste 307

Enter Florida street address

Orlando

City

Florida

32819

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.

Maria C Sousa Neiva

If Changing Registered Agent, Signature of New Registered Agent

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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>	<u>Address</u>	<u>Type of Action</u>
MGR	PATAY, ANDRE S	1468 DRAGON ROCK DR	<input type="checkbox"/> Add
		HENDERSON, NV 89052	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Anne Lise Forodden	1468 DRAGON ROCK DR	<input type="checkbox"/> Add
		HENDERSON, NV 89052	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Backroad Junkie LLC	415 N. BENTON AVE	<input checked="" type="checkbox"/> Add
		HELENA, MT 59601	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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Add
Remove
Change

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AP

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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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 16, 2024.

- DocuSigned by:

Andie Patay

Signature of a member or authorized representative of a member

PATAY, ANDRÉ S

Typed or printed name of signee