DOC ID ----> 202517504212

| DATE | DOCUMENT ID | DESCRIPTION | FILING | EXPED | CERT | COPY |
|---|---|---|---|---|---|---|
| 06/25/2025 | 202517504212 | OHIO LLC - CERTIFICATE OF CORRECTION (LAC) | 50.00 | 0.00 | 0.00 | 0.00 |

**Receipt**

This is not a bill. Please do not remit payment.

MICHAEL ANDREW CARMONA
184 E 4TH STREET
SALEM, OH 44460

# STATE OF OHIO
## CERTIFICATE

### Ohio Secretary of State, Frank LaRose

**5400495**

It is hereby certified that the Secretary of State of Ohio has custody of the business records for

MCRC TRANSPORTATION LLC

and, that said business records show the filing and recording of:

| Document(s) | Document No(s): |
|---|---|
| **OHIO LLC - CERTIFICATE OF CORRECTION** | **202517504212** |

**Effective Date: 06/24/2025**

United States of America
State of Ohio
Office of the Secretary of State

Witness my hand and the seal of the Secretary of State at Columbus, Ohio this 25th day of June, A.D. 2025.

**Ohio Secretary of State**

DOC ID ----> 202517504212

Form 612 Prescribed by:

Frank LaRose
Ohio Secretary of State

Date Electronically Filed: 6/24/2025

Telphone: 877.767.3453

OhioSoS.gov | business@OhioSoS.gov

File online or for more information: OhioBusinessCentral.gov

# Certificate of Correction
# For a Domestic or Foreign Limited Liability Company
## Filing Fee: $50
### Form Must Be Typed

**(CHECK ONLY ONE (1) BOX)**

(1) ☑ Domestic Limited Liability Company
612-LAC

(2) ☐ Foreign Limited Liability Company
135-LFC

Name of Limited Liability Company: MCRC TRANSPORTION LLC

Ohio Registration Number: 5400495

Name of record to be corrected: Conversion Within SOS Records

Date filed: 6/12/2025

**Or attach a copy of the record as filed.**

Specify the inaccuracy to be corrected:

MCRC TRANSPORTION LLC

Set forth the corrected information:

MCRC TRANSPORTATION LLC

**By signing and submitting this form to the Ohio Secretary of State, the undersigned hereby certifies that he or she has the requisite authority to execute this document.**

**Required**

This filing must be signed by at least one person authorized by the limited liability company.

If the person is an individual, then he or she must sign on the "signature" line and print his or her name in the "Print Name" Box.

If the person is a business entity, please print the name of the entity in the "Signature" box and an authorized representative of the business must sign in the "By" box and print his or her name and title or authority in the "Print Name Box."

OWNER
Signature

MICHAEL ANDREW CARMONA
By (if applicable)

Print Name

Signature

By (if applicable)

Print Name

Signature

By (if applicable)

Print Name