

L13000151423

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

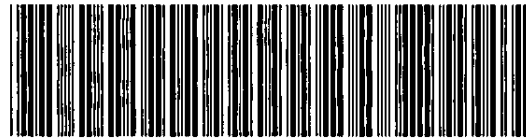
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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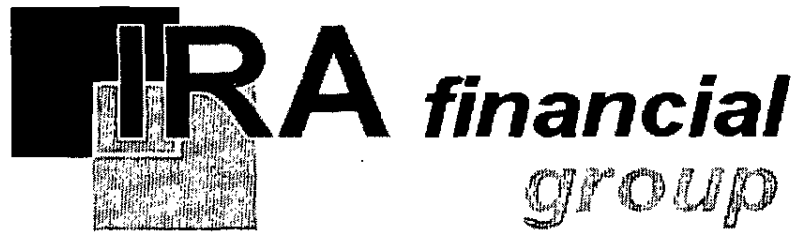


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TALLAHASSEE, FLORIDA

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November 12, 2013

TO: FLORIDA DEPARTMENT OF STATE
RE: AMENDMENT TO CKC RENTALS LLC

PLEASE FIND ATTACHED AN AMENDMENT TO THE ARTICLES FILED FOR CKC RENTALS LLC ALONG WITH A CHECK TO COVER THE COST.

LET ME KNOW IF YOU HAVE ANY FURTHER QUESTIONS.

THANK YOU,

SUSAN GLASS
LEGAL PROCESSOR
SUSANG@irafinancialgroup.com
305-538-9292

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: CKC 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:

Adam Bergman

Name of Person

IRA Financial Group

Firm/Company

1688 Meridian Ave., Ste. 504

Address

Miami Beach, FL 33139

City/State and Zip Code

adamb@irafinancialgroup.com

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

For further information concerning this matter, please call:

Susan Glass

Name of Person

at (**305**) **538-9292**

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- \$25.00 Filing Fee
- \$30.00 Filing Fee & Certificate of Status
- \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)
- \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

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

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

FILED.
2013 NOV 18 PM 12: 11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CKC RENTALS LLC

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

The Articles of Organization for this Limited Liability Company were filed on 10/28/2013 and assigned Florida document number 113000151423.

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 end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

991 Kapa Place

(Principal office address MUST BE A STREET ADDRESS)

Honolulu, HI 96825

Enter new mailing address, if applicable:

P.O. Box 6944

(Mailing address MAY BE A POST OFFICE BOX)

Tamuning, Guam 96931

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: _____

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 608, 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 the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager
MGRM = Managing Member

| <u>Title</u> | <u>Name</u> | <u>Address</u> | <u>Type of Action</u> |
|--------------|--------------|--------------------|--|
| MGR | Sunny Cooper | 991 KAPA PLACE | <input type="checkbox"/> Add |
| | | HONOLULU, HI 96826 | <input checked="" type="checkbox"/> Remove |
| MGR | Sunny Cooper | 991 Kapa Place | <input checked="" type="checkbox"/> Add |
| | | Honolulu, HI 96825 | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Add |
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| | | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |

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

Dated NOVEMBER 12, 2013



Signature of a member or authorized representative of a member

ADAM BERGMAN, ORGANIZER

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**