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COVER LETTER

SUBJECT: San	dy Feet Name of Limit	<u>Navile Kaya</u> ted Liability Company	IK Rental	LLC.
The enclosed Articles of A	Amendment and fee(s) are sub-	nitted for filing.		
Please return all correspon	idence concerning this matter t	o the following:		
	Lindsay	Name of Person		
	Sardy Fee:	Firm Company	KAK Revital	
	506 Ohio	> Address		
	Parm Has	City-State and Zip Code	683	
	Saray Fee 1 1. mail address: (1)	o be used for future annual report not	infication)	
For further information co	ncerning this matter, please ca	11:		
Lind Say	Calto.	at (757) 23 Area Code Daytir	58 - 415 8 ne Telephone Number	
Enclosed is a check for the	e following amount:			
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy	☐ \$60.00 Filing Fee, Certificate of Statu	s &

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

TO:

Registration Section
Division of Corporations

STREET/COURIER ADDRESS:

Certified Copy (additional copy is enclosed)

Registration Section Division of Corporations Clitton Building 2661 Executive Center Circle Tallahassee, FL 32301

(additional copy is enclosed)

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Same of the Limited Liability Company as it now and ears an our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on Florida document number 11600 235(615 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 "LLC" 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 registered agent and/or the new registered office address here: Name of New Registered Agent: 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 hability 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 = M AMBR = A	anager uthorized Member		
<u>Title</u>	Name	Address	Type of Action
MGR	Theodore Davis	593 Tradewinds D	<u> </u>
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Effective date, if other than the date of filing: fan effective date is listed, the date must be specific and cannot be prior to date of filing or m Note: If the date inserted in this block does not meet the applicable statutory filin locument's effective date on the Department of State's records.	
e record specifies a delayed effective date, but not an effective t The 90th day after the record is filed.	ime, at 12:01 a.m. on the earlier
Dated April 11th, 2017.	

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Filing Fee: \$25.00