

120 000270227

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

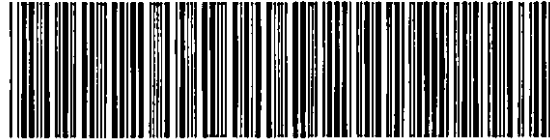
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MZ

COVER LETTER

TO: Registration Section
Division of Corporations

RENT MY JEEP LLC

SUBJECT:

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:

KIMBERLY COLEMAN

Name of Person

KOSHI K LLC

Firm/Company

1500 NW 63RD AVE

Address

SUNRISE, FLORIDA 33313

City/State and Zip Code

koshillc2020@gmail.com

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

For further information concerning this matter, please call:

KIMBERLY COLEMAN 904 648-7651

at ()

Name of Person Area Code 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 Certified
Copy Certificate of Status &

(additional copy is enclosed) Certified Copy
(additional copy is enclosed)

Mailing Address: Street Address:

Registration Section Registration Section

Division of Corporations Division of Corporations P.O. Box 6327 The Centre of
Tallahassee Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810 Tallahassee, FL
32303

**ARTICLES OF AMENDMENT
TO**

2022 JUL -6 AM 11:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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ARTICLES OF ORGANIZATION OF

RENT MY JEEP LLC

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

AUGUST 31, 2020

The Articles of Organization for this Limited Liability Company were filed on and assigned L20000270227
Florida document number .

This amendment is submitted to amend the following:

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

KOSHI K LLC

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: (Mailing address MAY BE A POST OFFICE
BOX)

(Principal office address MUST BE A STREET
ADDRESS) 1500 NW 63RD AVE, SUNRISE FL. 33313

Enter new mailing address, if applicable:

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**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 direct 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 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

Title Name Address Type of Action ☐Add

☐Remove

☐Change

☐Add

☐Remove

☐Change

☐Add

☐Remove

☐Change

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

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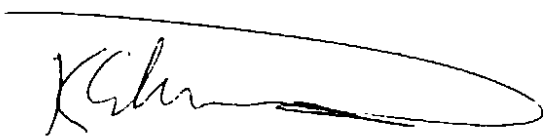
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TALLAHASSEE, FLORIDA

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.

JUNE 29TH 2022
Dated , .



Signature of a member or authorized representative of a member

KIMBERLY COLEMAN

Typed or printed name of signee **Filing Fee: \$25.00**