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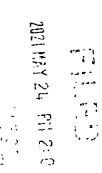
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COVER LETTER

Registration Section

TO:

Division of Cor	porations			
K & D Elite	e Rentals, LLC			*
SUBJECT:	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ndence concerning this matter	to the following:		
	Cynthia Davies, Registere	d Agent		
		Name of Person		
	K & D Elite Rentals, LLC			7.0
		Firm/Company		
	8051 N. Tamiami Trail Ste	e. E6		2021 MEY 24
		Address		
	Sarasota, Florida 34243			÷ 2
		City/State and Zip Code		2:00
	E-mail address: (to be used for future annual report no	ntitication)	
For further information e	oncerning this matter, please c	all:		
Deandra DaCosta		310 279-9289		
Name o	f Person	Area Code Dayti	me Telephone Number	
Enclosed is a check for th	ne following amount:			
□ \$25.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	te of Status &
Mailing Addres Registration S	 -	Street Address: Registration S	ection	
Division of C		Division of Co		
P.O. Box 632		The Centre of		1.0
Tallahassee, I	1., 32314	2415 N. Monr	oe Street, Suite 8	£ U

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

K & D Elite 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 $\underline{\text{May }10,2021}$ and assigned Florida document number <u>L21000217563</u> This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Kane's Elite Automotive, LLC 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 new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Enter Florida street address

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>	Name	<u>Address</u>	Type of Action
			□Add
			□Remove
			☐ Change
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ective date, if other than the date of filing:	(op	tional)
te: If the date inserted in this block does not meet the applicable	e of filing or more than 90 days at statutory filling requirements, t	ter filing.) Pursuant to 605.0. his date will not be listed
nument's effective date on the Department of State's records.		
cord specifies a delayed effective date, but not an effective time,	ut 12:01 a.m. on the earlier of	(b) The 90th day after t
s filed.	it 12.07 a.m. Of the carrier of	(b) The vota day line) (
May 18 2021		
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Filing Fee: \$25.00