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COVER LETTER

	Registration Se Division of Co			
eun ura	KLS RENI	TALS LLC		
SUBJEC	. I	Name of Lim	ited Liability Company	
The encl	osed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please re	turn all correspo	ondence concerning this matter	to the following:	
		GRADY L BURLESON		
			Name of Person	
		KLS RENTAL LLC		
			Firm/Company	
		PO BOX 2894		
			Address	<u> </u>
		FORT WALTON BEACH	FL 32549	
			City/State and Zip Code	
		BURLESON005@GMAIL		
			to be used for future annual report not	ification)
For furth	er information of	concerning this matter, please ca	all:	
GRADY	L BURLESON	I	904 521-2555 at ()	
	Name o	of Person	Area Code Daytin	ne Telephone Number
Enclosed	is a check for t	he 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 Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee. FL 32303

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION OF

KLS RENTALS LLC

2021110V-1 PH 2: 06

(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 $\frac{07/07/2021}{1}$ Florida document number 1.21000310428 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 "L.L.C." or the abbreviation "L.L.C." 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: 21 WALTER MARTIN RD NE, #2894 New Registered Office Address: Enter Florida street address _, Florida 32548
Zip Code FORT WALTON BEACH

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 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>	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
			Change
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Effective date, if other than the If an effective date is listed, the date in Note: If the date inserted in this bedocument's effective date on the	plock does not meet the appl	licable statutory filing re	(optional) than 90 days after filing.) Pursuant requirements, this date will not b	to 605.0207 (e listed as t
ne record specifies a delayed effect ord is filed.	ive date, but not an effective	time, at 12:01 a.m. on t	he earlier of: (b) The 90th day	after the
OCTOBER 28	2021			
Dated	 ·	·		
	/ _			
	/ 1/	_		
	Signature of a member or au	thorized representative of	a member	_

And the second second

Filing Fee: \$25.00