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22 MAY 13 PM 3: 07

T MATTHEWS

## **COVER LETTER**

TO: Registration Section Division of Corporation	18	
SUBJECT: STAK Rei	ntals LLC	
	Name of Limited Liability Company	
The enclosed Articles of Amendm	nent and fee(s) are submitted for filing.	
Please return all correspondence c	concerning this matter to the following:	
	Steven Kibbe Name of Person	
<u> </u>	STAK Rentals LLC	
	Firm/Company	
<u>.                                     </u>	136 Valley Dr Address	
<u>Le</u>	City/State and Zip Code	
<del>\\ \</del>	E-mail address (to be used for future annual report notification)	
For further information concerning	g this matter, please call:	
Steven Kibbe Name of Person	at ( <u>\$14</u> ) <u>449-6348</u> Area Code Daytime Telephone Number	_
Enclosed is a check for the following	ing amount:	
	0.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy	Status &
Mailing Address: Registration Section	Street Address: Registration Section	

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

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO

ARTICLES OF ORGANIZATION SECRETARY OF STATE DIVISION OF CORPORATIONS

22 MAY 13 PM 3: 07

STAK Rentals LLC	22 MAT 13 PM 3: U7
(Name of the Limited Lia (A Flor	bility Company as it now appears on our records.) rida Limited Liability Company)
The Articles of Organization for this Limited Liability Florida document number <u>L22000 182852</u>	y Company were filed on April 18, 2022 and assigned
This amendment is submitted to amend the following	; :
A. If amending name, enter the new name of the li	imited liability company here:
The new name must be distinguishable and contain the words "I	Limited Liability Company," the designation "LLC" or the abbreviation "LLC."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET AD	DRESS)
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registe agent and/or the new registered office address here	ered office address on our records, <u>enter the name of the new registered</u> e:
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
<u></u>	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

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Steven Kibbe	436 Valley Or	<b>Z</b> Add
		436 Valley Dr Lehigh Acres, FL 33936	□Remove
			□Change
	<u>-</u> -		JAdd
			□Remove
			□Change
			□Add
			□Remove
			□Change
		□Add	
			□Remove
			□Change
			□Add
			⊐Remove
	<del> </del>	©Change	
			□Remove
			Change

	ing any other information, enter change(s) here: (Attach additional sheets, if necessary.)
···	
	<del></del>
Note: If the	date, if other than the date of filing:
e record spord is filed.	ecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated <u>//</u>	<u>1ay 10</u> . <u>2022</u> .
	Steven Kibbe  Travel or printed name of signature.
	Steven Kibbo
	Typed or printed name of signee