

LZ 0000 88L4Z



(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

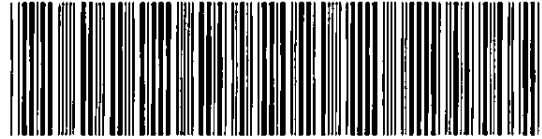
(Business Entity Name)

(Document Number)

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2024 MAY 21 PM 2:33

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2024 MAY 21 PM 2:33

SECRETARY OF STATE  
TALLAHASSEE, FL

TO: **Registration Section  
Division of Corporations**

Change Lulu's Rentals LLC to FLK Rentals 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:

Codi Cook

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Firm/Company

1000 E 105th Street, Ocean

\_\_\_\_\_  
Address

Marathon, FL 33050

\_\_\_\_\_  
City/State and Zip Code

flkrentals@gmail.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Codi Cook

417 5401948

\_\_\_\_\_  
Name of Person at (\_\_\_\_\_) \_\_\_\_\_  
Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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

10  
**ARTICLES OF ORGANIZATION  
OF**

Lulu's 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 February 20, 2023 and assigned  
Florida document number L23000088642.

This amendment is submitted to amend the following:

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

FLK Rentals 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:**

(Principal office address MUST BE A STREET ADDRESS)

1000 E 105th Street, Ocean

Marathon, FL

33050

**Enter new mailing address, if applicable:**

(Mailing address MAY BE A POST OFFICE BOX)

1000 E 105th Street, Ocean

Marathon, FL

33050

**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 street address

City

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 liability company has been notified in writing of this change.*

**If Changing Registered Agent, Signature of New Registered Agent**

**MGR = Manager**  
**AMBR = Authorized Member**

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	Ryan P Cook	1000 E 105th Street, Ocean	<input type="checkbox"/> Add
		Marathon, FL	<input type="checkbox"/> Remove
		33050	<input checked="" type="checkbox"/> Change
AMBR	Codi L Cook	1000 E 105th Street, Ocean	<input type="checkbox"/> Add
		Marathon, FL	<input type="checkbox"/> Remove
		33050	<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

[illegible]

**E. Effective date, if other than the date of filing:** \_\_\_\_\_ (optional)

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.

Dated \_\_\_\_\_,

Signature of a member or authorized representative of a member

Typed or printed name of signee