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02/26/21

COVER LETTER

TO: Registration Division of 0	i Section Corporations		
SUBJECT:	AK Rentals L	LC	
30 23 Ee1		ited Liability Company	
The enclosed Articles	of Amendment and fee(s) are sub	mitted for filing.	
Please return all corre	spondence concerning this matter	to the following:	
	<u>Kiyanna She</u>	Name of Person	
	AK Rentals	Firm/Company	<u> </u>
	6183 NW 55th	Lane	
	Tamarac, FL	33319.	
	Kiyana Shelley @ E-mail address: (City/State and Zip Code Cicloud. Com to be used for future annual report notification)	
For further information	on concerning this matter, please co	all:	<u>;</u> ⊖
Kiyanna .	Shelley on of Parson	at (<u>954</u>) <u>615 - 70 7 5</u> Area Code Daytime Telephon	. : . -
, ival	iic of Ferson	Area code Bayunie retermon	e Namoer
Enclosed is a check for	or the following amount:		
□ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
P.O. Box 6	on Section f Corporations	Street Address: Registration Section Division of Corporation The Centre of Tallahass 2415 N. Monroe Street, Tallahassee, FL 32303	ec

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

AK Rentals LL	<u>C</u>		
(Name of the Lim	(A Florida Limited	pany as it now appears or I Liability Company)	<u>1 our records.</u>)
The Articles of Organization for this Limited I		y were filed on <u>4/0</u>	7/ 2023 and assigned
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name of	of the limited lia	bility company here:	
AK Exclusive Rentals	LLC		
The new name must be distinguishable and contain the	words "Limited Liab	_	nation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:	N/A.	
(Principal office address MUST BE A STRE	ET ADDRESS)		
			p
Enter new mailing address, if applicable:		N/A.	
(Mailing address MAY BE A POST OFFICE BOX)			<u> </u>
			1.4
			Ċ
B. If amending the registered agent and/or agent and/or the new registered office addre		e address on our reco	rds, enter the name of the new registered
Name of New Registered Agent:	N/A		
New Registered Office Address:	N/A.		
		Enter Florida	street address
	NIA		, Florida N/A
		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 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
MG3_	Kiyanna Sheiley	6183 NW 55th Lane	□Add
		Tamarar, FL 33319	RRcmove
			□Change
MGR	Alex Timmer	6183 NW 55th Lane	□Add
		Tamarac, Pl 33319	A Remove
			□Change
MGR	AK Exclusive Consulting LLC	6183 NW 55th Lane	Ž Add
	LLC	Tamarac, FL 33319	□Remove
			Change
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ective date if other than the date of filing	(ontional)
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 605.0
e: If the date inserted in this block does not meet the ument's effective date on the Department of State's r	c applicable statutory filing requirements, this date will not be listed records.
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cord specifies a delayed effective date, but not an effe	ective time, at 12:01 a.m. on the earlier of: (b) The 90th day after t
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M. AKUUY	
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