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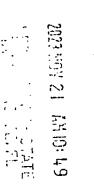
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11/21/23--01005--016 **25.00





COVER LETTER

TO: Registration Sec Division of Corp			
SUBJECT: RENT	KULTUKE LLC	1	
	Name of Lim	ited Liability Company	
The enclosed Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspor	ndence concerning this matter	to the following:	
	Faroh Na	Name of Person	· <u>-</u>
		ulture LLC Firm/Company	
	3100 Lake S	Address	
	Land O Lak	es FL 34639	
	Rentkulture even	City/State and Zip Code 15 Quivail · Contito be used for future annual report notif	fication) C 22
For further information co	oncerning this matter, please co		fication) 2023 F15 V 21
Rishivan N	Person	at (<u>347</u>) <u>285-</u> Area Code Daytime	Telephone Number 34 00
Enclosed is a check for the	e following amount:		ATE OF
☑ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
\$4.00 A 44		64441	

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 TO ARTICLES OF ORGANIZATION OF

Kent Kulture LLC		
(<u>Name of the Limited Lia</u> (A Flo	bility Company as it now appears on our records.) rida Limited Liability Company)	
The Articles of Organization for this Limited Liability	v Company were filed on 10/16/2023	and assigned
Florida document number <u>L23000414638</u>		
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	e abbreviation "L.L.C."
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)		2023
		5 17
		2
B. If amending the registered agent and/or registe		ame of the new registered
agent and/or the new registered office address her	<u>e</u> :	E 10
		7ATE
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, 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 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

$\frac{\text{Title}}{\infty}$	<u>Name</u>	Address	Type of Action
Title MGR AMBR	Farah Navine	3100 Lake Saxon Dr.	Ndd
		3100 Lake Saxon Dr. Land U Lakes, FL, 34639.	Remove
			E Change -
AMBR	Rishiram Narine	3100 Lake Sixon Dr Land O Lakes, FL 34639	□Add
		Land O Lakes, FL 34639	□Remove
			ØChange
			□Add
			Remove
			Ghange Change C
		<u> </u>	□Change
			□Add
		<u> </u>	□Remove
			□Change
			□Add
			□Remove
			□Change

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	m O
ctive date, if other than the date of filing:	(optional)
e: If the date inserted in this block does not meet the applicable statute ament's effective date on the Department of State's records.	ory filing requirements, this date will not be listed
ord specifies a delayed effective date, but not an effective time, at 12:0 filed.	I a.m. on the earlier of: (b) The 90th day after th
11/07 2023.	
1/1/1/2	sentative of a member

Typed or printed name of signee