

L17000408413

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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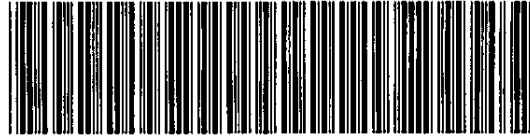
(Business Entity Name)

(Document Number)

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FILED
15 OCT 28 AM 3:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

OCT 29 2015
J SHIVERS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT:

AKANBI DESIGNS LLC

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:

DAMILOLA ADESANYA

Name of Person

AKANBI CLOTHING LLC

Firm/Company

4838 LUGE LANE

Address

ORLANDO, FL 32839

City/State and Zip Code

damy@akanbi.com

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

For further information concerning this matter, please call:

DAMILOLA ADESANYA

Name of Person

at (305)

Area Code

331-6552

Daytime Telephone Number

Enclosed is a check for the 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/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

AKANBI DESIGNS L.L.C.

(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 07/31/2013 and assigned
Florida document number L13000108413

This amendment is submitted to amend the following:

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

AKANBI CLOTHING L.L.C.

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)

4838 LUGB LANE
ORLANDO, FL 32839

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:

New Registered Office Address:

4838 LUGB LANE ORLANDO, FL 32839

Enter Florida street address

ORLANDO

City

Florida

32839

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

[illegible]

15 OCT 28 AM 3:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

(If an 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 605.0207 (3)(b)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

Dated 10/26/15

[Handwritten signature]

Signature of a member or authorized representative of a member

~~DANICOLA~~ ~~ADOSANYA~~

Typed or printed name of signee