# 116000133041

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AUG 1 6 2016

S. YOUNG



#### **COVER LETTER**

TO: Registration S Division of Co				
AAKESI SUBJECT:	H LLC			
Sondie I.	Name of Lim	ited Liability Company		
	Amendment and fee(s) are sub ondence concerning this matter	J		
	SAMUEL MARCUSCHA	MER		
		Name of Person		
	AAKESH LLC			
		Firm/Company		
	9130 S. DADELAND BLV	VD. SUITE 1509		16 AUG 15 PM W: 44
		Address		
	MIAMI. FL 33156			<b></b>
	samuel@marcuschamer.com	City/State and Zip Code  n  to be used for future annual	report notification)	
For further information	concerning this matter, please co		report nonneation,	
SAMUEL MARCUSCI	HAMER		0-1991	
Name :	of Person	at ()	Daytime Telepho	one 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 end		\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	LING ADDRESS: ration Section		F/COURIER ADI	DRESS:

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

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

### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

AAKESH LLC			
(Name of the Limited Liab (A Flori	i <mark>lity Company as it now appe</mark> da Limited Liability Company	ears on our records.)	
The Articles of Organization for this Limited Liability Florida document number	Company were filed on _	July 14, 2016	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the lin	mited liability company	here:	
he new name must be distinguishable and contain the words "Li	imited Liability Company," the	e designation "LLC" or the a	abbreviation "LLC."
Enter new principal offices address, if applicable:	<del></del>		6 E
<u>Principal office address MUST BE A STREET ADL</u>	ORESS)		5 5
			- 15 J Parent
			PH FOR
Enter new mailing address, if applicable:			F 01
Mailing address MAY BE A POST OFFICE BOX)			F (0)
	<del></del>		
3. If amending the registered agent and/or reg		on our records, enter	the name of the n
or the new register ou office and			
Name of New Registered Agent:			
New Registered Office Address:			
	Enter F.	lorida 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 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>	<u>Address</u>	Type of Action
MGR	AMELIA MUSTRI	9130 S. DADELAND BLVD. SUIT.	Add
		<del></del>	☐ Remove
			Change
AMBR	MARITZA SANCHEZ	9130 S. DADELAND BLVD. SUIT	Add
			☐ Remove
			SECRETĂ FALESAHA 15ChangaHA
			<b>D</b>
			□ Remove
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Effective date, if other fan effective date is listed Note: If the date insert document's effective d	ted in this block does	s not meet the ap	plicable statutor	ng or more than 90 da y filing requiremer	(optional) ys after filing.) Pursu its, this date will no	ant to 605.0207 ot be listed as
ne record specifies The 90th day aft			not an effec	tive time, at 12	:01 a.m. on th	e earlier of
Dated		,	· ·			
	()					
	Signatur	re of a member or	authorized represe	ntative of a member		<del></del>

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Filing Fee: \$25.00