## L18000290198

(R	equestor's Name)	
(A	ddress)	
(A	ddress)	
(C	ity/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(R	usiness Entity Nam	e)
(S	domeso Endry Ham	c)
(D	ocument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	
_		





200352445712

09/21/20--01016--006 \*\*25.00

21 PT 3: 43

## **COVER LETTER**

TO: Registration S Division of Co			
PUBLICAT	CONSTRU	-ART MÍAMELLC	
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles o	f Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
		Pascualino Durante Miozzi	
		Name of Person	· · · · · · · · · · · · · · · · · · ·
	CON	STRU-ART MIAMI LLC	
		Firm/Company	
	2071 3	NW 112TH AVE UNIT 103	
	<del>.</del>	Address	
		SWEETWATER, FL 33172	
		City/State and Zip Code	
		construartmiami@gmail.com	
	E-mail address: (	to be used for future annual report not	ification)
For further information	concerning this matter, please c	all:	
Pascualino Du	rante Miozzi	786 3955814 at ( )	
Name	of Person	Area Code Daytin	ne 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)	S60,00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
<u>Mailing Addre</u> Registration Division of O	Section	<u>Street Address:</u> Registration Se Division of Co	
P.O. Box 63	27	The Centre of	•
Tallahassee.	FL 32314	2415 N. Monro	e Street, Suite 810

Tallahassee, FL 32303

## -ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	AKT MIAMI LLC	າາ :	511 3: 48
( <u>Name of the Limited Liability C</u> (A Florida Lii	Company as it now appea nited Leability Company)	rs on our records.)	<del></del>
The Articles of Organization for this Limited Liability Com Torida document number	pany were filed on	12/18/2018	and assigned
his amendment is submitted to amend the following:			
a. If amending name, <u>enter the new name of the limited</u>	I liability company h	ere:	
he new name must be distinguishable and contain the words "Limited	Liability Company," the c	lesignation "LLC" or the	abbreviation "L.L.C."
inter new principal offices address, if applicable:	<del></del>		
Principal office address MUST BE A STREET ADDRES	<u></u>		
Inter new mailing address, if applicable:			<u> </u>
Mailing address MAY BE A POST OFFICE BOX)		_	<del></del> -
<ol> <li>If amending the registered agent and/or registered of agent and/or the new registered office address here:</li> </ol>	fice address on our r	ecords, <u>enter the na</u>	me of the new regist
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Flor	nda 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

<u>Title</u>	Name	Address	Type of Action
AMBR	Santino Michelle A. Miozzi N.	6506 S GOLDENROD RD 52C	
		ORLANDO FLORIDA 32822	
			□Change
			□Remove
			□Change
<del></del>			□Add
			□Remove
			□Change
			🗆 🗆 🖺 Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change

			<del></del>
<u> </u>			
			<del></del>
			<del></del>
<del></del>			
		-	
			<del></del>
<u>te:</u> If the date inscried in th	n the date of filing:  e must be specific and cannot be prior to dains block does not meet the applicable he Department of State's records.	(optional) ate of filing or more than 90 days after filing.) Purses statutory filing requirements, this date will r	nant to 605.0207 (3)(b) not be listed as the
cord specifies a delayed effo s filed.	ective date, but not an effective time,	at 12:01 a.m. on the earlier of: (b) The 90th	y day after the
09/15 ed	2020		
-	Densete Ponnofi		
	Signature of a member or authorized		