## 121000305717

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## **COVER LETTER**

TO: Registration Section

Tallahassee, FL 32314

Division	of Corpora	ations			
	Commerce	LLC			
SUBJECT:		Name of Limi	ited Liability Company		<del></del> _
The enclosed Arti	cles of Ame	endment and fee(s) are sub-	mitted for filing.		
Please return all c	orresponder	nce concerning this matter	to the following:		
		Amanda J. Siebert			
•	•		Name of Person		
		AK Commerce LLC			
	-		Firm/Company		
		745 Riverbend Blvd			
	-		Address		
		Longwood, Florida 32779			
	•		City/State and Zip Code		
	a 	k.commerce.llc@gmail.cor			<del></del>
		E-mail address: (t	to be used for future annual r	report notification)	
For further inform	iation conce	rning this matter, please ca	ill:		
Amanda J. Sieber	1		904 962	3233	
	Name of Per	son	Area Code	Daytime Teleph	one Number
Enclosed is a chec	ck for the fo	Howing amount:			
□ \$25.00 Filing	Fec C	330.00 Filing Fee & Certificate of Status	■ \$55.00 Filing Fee & Certified Copy (additional copy is encl		\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Address:	:	Street Ad		
	ation Sect		Registration Section Division of Corporations		
Division of Corporations P.O. Box 6327				ntre of Tallaha	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

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

FILED

AK Commerce LLC

2021 FEB 25 AM 7: 33

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

SECRETARY OF STATE

The Articles of Organization for this Limited Liability Co	ompany were filed on <u>J</u>	une 24, 2021	TAL LAHABABEE. FL
Florida document number L21000305717			-
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limit	ted liability company	<u>here</u> :	
The new name must be distinguishable and contain the words "Limit	led Liability Company," the	designation "L1.C" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		· · · · · · · · · · · · · · · · · · ·	
(Principal office address MUST BE A STREET ADDRI	ESS)		
Enter new mailing address, if applicable:		<del></del>	
(Mailing address MAY BE A POST OFFICE BOX)	<del></del>		<del></del>
B. If amending the registered agent and/or registered agent and/or the new registered office address here:  Name of New Registered Agent:	onice address on dur	records, enter the	name of the new registered
New Registered Office Address:	Enter El	orida street address	
	154077		
	City	Florid	la Zip Code
New Registered Agent's Signature, if changing Registered	Agent:		
I hereby accept the appointment as registered agent a provisions of all statutes relative to the proper and co accept the obligations of my position as registered age being filed to merely reflect a change in the registered company has been notified in writing of this change.	mplete performance of ent as provided for in	of my duties, and I Chapter 605, F.S	am familiar with and Or, if this document is
	If Changing Registered A	agent, Signature of Ne	w 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>	Address	Type of Action
MGR	Amanda Judith Siebert	745 Riverbend Blvd, Longwood, Florida 32779	
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
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ffective date, if other than an effective date is listed, the date <u>fote:</u> If the date inserted in thi ocument's effective date on the	s block does no	ot meet the applic	cable statutory f	or more than 90 da Iling requiremen	(optional) ys after filing.) Purs its, this date will i	uant to 605.020 not be listed a
record specifies a delayed effet is filed.	ctive date, but i	not an effective t	ime, at 12:01 a.	m. on the earlie	of: (b) The 90t	h day after th
February 22		2022				
acc		<del></del>	···································			
	1		7			
		a member or auth				

Filing Fee: \$25.00

## ACCEPTANCE OF APPOINTMENT AS MANAGER

Having been appointed, a Manager of Ak Computer UC
u Limitea Liability Compacy corporation. I do hereby accept accept
and promise to fullfill the duties of this position to the best of my ability, this
position effective as of the time of my appointment on February 22, 2022
Dated at 11:00 AM Longwood, Florida 32779 This 22 day of february 2022
This 22 day of february 2022.
Manager Manager