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SECRETARY OF STATE

COVER LETTER

		COVEREETTER			
TO: Registration Division of C	Section orporations				
AKMIAI SUBJECT:	T LLC ·				
SUBJECT:	Name of Lin	nited Liability Company	<u> </u>	-	
The enclosed Articles of	of Amendment and fee(s) are sub	bmitted for filing.			
Please return all corres	pondence concerning this matter	to the following:			
	OLESIA AKIMOVĄ				
		Name of Person			
	AKMIALL LLC				
		Firm/Company			
	32 REGENCY DR				
		Address		— ~	
	PALM COAST, FL 3216	4		2022 S SECR	ಚಾಸ್ತ್ರಕ್ಕ
		City/State and Zip Code	<u></u>	SEP 2	rairet.
	akimov.al.01@gmail.com			- HANG 1.54 9.7	2
For further information	concerning this matter, please c	(to be used for future annual report notifical):	fication)	PH 2:	g is grants
OLESIA AKIMOVĄ		386 283-2707		28	
Name	of Person		e Telephone Numi	ber	
Enclosed is a check for	the following amount:				
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certifi Certifi	Filing Fee, icate of Status & ied Copy inal copy is enclose	
Mailing Addr Registration Division of P.O. Box 63 Tallahassee	Section Corporations 327	Street Address: Registration Second Division of Coron The Centre of Tallahassee, FL	porations allahassee e Street, Suite	: 810	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Lim	ited Liability Company as it now appears (A Florida Limited Liability Company)	on our records.)
The Articles of Organization for this Limited I Florida document number L22000154938	Liability Company were filed on $\frac{03/36}{2}$	0/2022 and assigned
This amendment is submitted to amend the fol	lowing:	
A. If amending name, enter the new name	of the limited liability company here	<u>e</u> :
The new name must be distinguishable and contain the	words "Limited Liability Company," the des	ignation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:	
(Principal office address MUST BE A STRE	ET ADDRESS)	. 2
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE) B. If amending the registered agent and/or	registered office address on our rec	ECRETARY OF STATE ords, enter the name of the new regis
agent and/or the new registered office addre	ess here:	
Name of New Registered Agent:	OLESIA AKIMOVĄ	
New Registered Office Address:		
	Enter Florida	a street address
		, Florida
	City	Zip Code

New Registered Agent's Signature, if changing Registered Agent:

AKMIALL LLC

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>	Address	Type of Action
MGR	OLESYA AKIMOV	32 REGENCY DR	
		PALM COAST, FL 32164	Remove
MGR	OLESIA AKIMOV A	32 REGENCY DR	= Add
		PALM COAST, FL 32164	□Remove
			Change
			□Add
			SECRETARY CF
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te: If the date is	other than the d listed, the date must l ascrted in this bloc we date on the Dep	be specific and cant ck does not meet	not be prior to da the applicable	ate of filing or m	ore than 90 days g requirements	after filipe \ Dure	suant to 6 not be 1	505.020 ¹ isted as
cord specifies a s filed.	delayed effective	date, but not an e	effective time,	at 12:01 a.m.	on the earlier o	of: (b) The 90t	h day a	fter the
ed A	21.2022	-		4	Tiole			
	S	Signature of a meml	ber or authorize	d representative	of a member			