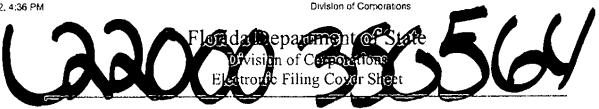
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From:

Account Name : EXPRESS CORPORATE FILING SERVICE INC.

Account Number : I2000000146 : (305)444-4994 Phone Fax Number : (305)328-4774

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AK HOME INVESTMENT LLC

| Certificate of Status | 0 |
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| Certified Copy | 0 |
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Electronic Filing Menu Corporate Filing Menu

Help LEMIEUX AUG 2 3 2022

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| AK HOME INVESTMENT LLC | | |
|---|---|---|
| (Name of the Limite | ed Liability Company as it now appears on our records.) (A Florida Limited Liability Company) | |
| The Articles of Organization for this Limited List Florida document number <u>L22000350564</u> | ability Company were filed on 08/10/2022 | and assigned |
| This amendment is submitted to amend the follo | owing: | |
| A. If amending name, enter the new name of | the limited liability company here: | |
| he new name must be distinguishable and contain the w | ords "Limited Liability Company," the designation "LLC" or the ab | breviation "L.L.C." |
| Enter new principal offices address, if applica | uble; | |
| Principal office address MUST BE A STREE | T ADDRESS) | |
| | | |
| Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE I 3. If amending the registered agent and/or regent and/or the new registered office addres Name of New Registered Agent: | egistered office address on our records, enter the nam | e of the new register |
| New Registered Office Address: | | 022 |
| | Enter Florida street address | in Min |
| | , Florida City | Zip Code |
| New Registered Agent's Signature, if changing R | | P I |
| provisions of all statutes relative to the prope accept the obligations of my position as regis | d agent and agree to act in this capacity. I further ager and complete performance of my duties, and I am J stered agent as provided for in Chapter 605, F.S. Or, registered office address, I hereby confirm that the lin change. | ในmiliar=ีwith apd if this document is |

If Changing Registered Agent, Signature of New Registered Agent

To: 1 Page: 4 of 5 2022-08-22 20:38:41 GMT 13053284774 From: Yanet Avila

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 |
|------------------------|---------------------|---------------------|----------------|
| AMBR | MARIA E. SOSA | 5917 LINCOLN STREET | ≅Add |
| | | HOLLYWOOD, FL 33021 | _ |
| | | | Change |
| AMBR NAIMARELIS ESTRDA | NAIMARELIS ESTRDA | 5917 LINCOLN STREET | □Add |
| | HOLLYWOOD, FL 33021 | ■Remove | |
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To: Page: 5 of 5

| MARIA E. SOSA | 85% |
|--|---|
| ABEL VILLAFANA | 7.5% |
| ABFL VILLAFANA | 7.5% |
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| effective date is listed, the date <u>er</u> If the date inserted in th | the date of filing: (optional) e must be specific and cannot be prior to date of filing or more than 40 days after filing.) Pursuant to 605.020 its block does not meet the applicable statutory filing requirements, this date will not be listed as the Department of State's records. |
| ord specifies a delayed off filed. | ective dute, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the |
| ed | , |
| S | |
| Abel Villatanı Gug 21, 7872 15 | |