

6/2/23, 11:35 AM

Division of Corporations

L220002570990

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To: Division of Corporations
Fax Number : (850)617-6383

From: Account Name : MIACCOUNTING CO
Account Number : I2022000131
Phone : (305)610-2704
Fax Number : (305)647-6040

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
ANKVILLES LLC

Certificate of Status	0
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STATE OF FLORIDA

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JUN -5 2023
T. LEMIEUX

COVER LETTER

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**TO: Registration Section
Division of Corporations**

SUBJECT: ANKVILLES LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

VERONIKA KIM
Name of Person
ANKVILLES LLC
Firm/Company
848 BROKEN SOUND PKWY NW 208
Address
BOCA RATON, FL 33487
City/State and Zip Code
info@miaccounting.us
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

VERONIKA KIM at (305 610-2704)
Name of Person Area Code Daytime 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)
- \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

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

Street Address:
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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ANKVILLE LLC

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

The Articles of Organization for this Limited Liability Company were filed on 08/23/2022 and assigned Florida document number L22000370990

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: ALEXANDR KIM
New Registered Office Address: 848 BROKEN SOUND PKWY NW 203 BOCA RATON, Florida 33487

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.

[Handwritten Signature]
If Changing Registered Agent, Signature of New Registered Agent

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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

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AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	VERONIKA KIM	848 BROKEN SOUND PKWY NW 208	<input type="checkbox"/> Add
		BOCA RATON, FL 33487	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	ALEXANDR KIM	848 BROKEN SOUND PKWY NW 208	<input checked="" type="checkbox"/> Add
		BOCA RATON, FL 33487	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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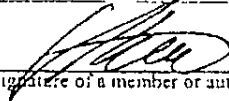
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

E. Effective date, if other than the date of filing: _____ (optional)
 (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)
 Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated 02 JUNE 2023

_____ 

Signature of a member or authorized representative of a member:

VERONIKA KIM

 Typed or printed name of signer