L23000084999

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COVER LETTER

TO:

TO: Registration So Division of Co			
AKS Prope	erties of Florida, LLC		
SUBJECT:			
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Adam M. Bird, Esq.		
	WhiteBird, PLLC		
	2101 Waverly Place		023 M
		Address	
	Melbourne, Florida 32901		2023 MAR -6 AM II: 34
		City/State and Zip Code	m _{cs} =
	abird@whitebirdlaw.com		ن جرح ن
The second of the second		to be used for future annual report noti	fication)
or further information c	oncerning this matter, please c	all:	
Adam M. Bird, Esq.		321 327-5580	
Name of Person Area Code Di			e Telephone Number
Enclosed is a check for t	ne 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		Street Address: Registration Sec	ction
Division of Corporations		Division of Cor	porations
P.O. Box 6327		The Centre of Tallahassee 2415 N. Monroe Street, Suite 810	
Tallahassee, FL 32314		2412 14. IVIOIII 0	concer, suite of the

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

AKS Properties of Florida, 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 February 23, 2023 and assigned Florida document number L23000084999 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 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: New Registered Office Address: Enter Florida street address

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.

City

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	Gail E. Fischer	505 E. New Haven Avenue	
		Melbourne, Florida 32901	\exists Remove
			□Change
		 	
			□Remove
		 	□Change
			□Add
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			□Remove
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			□Remove
			□ Change

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:

(If an effective date is licited, the date of 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.

Signature of a member or authorized representative of a member

Michael R. Fischer, Manager

Typed or printed name of signee

Filing Fee: \$25.00