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SECRETARY OF STATE

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### **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT:AK.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:
Kokila or Alpesh Ramani
Perdido Liguds Firm/Company
8058 W HUY 98
Pensarda FL 32506
City/State and Zip Code  KOKI a 19 @ Yahw com  E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:    Kokila Ramani   at (201)   889.3783     Name of Person   Daytime Telephone Number
Enclosed is a check for the following amount:  \$25.00 Filing Fee \$\times \text{Certificate of Status}\$  \$55.00 Filing Fee \$\times \text{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/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

AKTICLE	DO OF O	NOAMIZA	ION	2.00	
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AK	. LU	C.		S N	<u> </u>
(Name of the Limited Liab		y as it now appear ability Company)	rs on our recor	<u>1 3 3 3 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1</u>	E 8779
,			^	Ton .	D
The Articles of Organization for this Limited Liability	Company v	were filed on(	57-12	- ZW	and assigned
Florida document number <u>LOGOOCO694</u>	109			ATE RIDA	<u>e</u>
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the li	mited liabil	ity company h	ere:		
	Alla				
The new name must be distinguishable and contain the words "L	imited Liabili	ty Company," the o	designation "LL	.C" or the abl	breviation "L.L.C."
Enter new principal offices address, if applicable:			,		
(Principal office address MUST BE A STREET ADD	DRESS)		AIN		
Trincipia Office dadress MOST BE A STREET ADI	DRESS/				
,					
Enter new mailing address, if applicable:					
(Mailing address MAY BE A POST OFFICE BOX)					
B. If amending the registered agent and/or reg			n our recor	ds, <u>enter</u>	the name of the new
registered agent and/or the new registered office ac	<u>aaress nere</u>	:			
	11	Jack To	)		
Name of New Registered Agent:	_ZII)	resit t	sany.		
New Registered Office Address:	8058	W HWY	orida street addr	ess	
	Pons	arda		Florida	32506
	1510	City	, ·		Zip Code

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.

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>Address</u> **Type of Action** Title Name Alpest Ramani 8058 WHOO 98 XADD Pensacola Fl 32506 - Remove ☐ Change Champaben Ramani SUSS W Huy 98 Pensacola FL 32500 Remove ☐ Change ☐ Add ☐ Remove ☐ Change □ Add □ Remove ☐ Change □ Add ☐ Remove □ Change ☐ Remove ☐ Change

). If amei	ding any other information, enter change(s) here: (Attach additional sheets	; if necessary.)
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(If an eff Note:	ve date, if other than the date of filing:	(optional) days after filing.) Pursuant to 605.0207 nents, this date will not be listed as
	cord specifies a delayed effective date, but not an effective time, at 90th day after the record is filed.	12:01 a.m. on the earlier of
Dated	8-21- , 2015.	
	Signature of a member or authorized representative of a memb	er <del>E C</del>
	Champaben Raman Typed or printed name of signee	PIS AUG 24 P 3: 01 SECRETARY OF STATE LLAHASSEE, FLORID
	Page 3 of 3	P 3: 04 OF STATE
	Filing Fee: \$25.00	∌`'' ـ⊑