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(R	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL MAIL
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Certified Copies	Certificates	of Status
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OCT 29 2015 J SHIVERS

COVER LETTER TO: Registration Section **Division of Corporations** SUBJECT: 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: Firm/Company Address 32835 Kan bi . com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call:

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/COURIER ADDRESS:

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

AKANBI	336	240	ـ. ل. C .		
(Name of the Limited (A	Liability Compa		on our records.)		
The Articles of Organization for this Limited Liab		were filed on	2 18 70	SEC ALL	assigned
This amendment is submitted to amend the follow	ring:			OCT 28 ARETAF AHAS	्रे स्ट्री अस्तिकट्रां
A. If amending name, enter the new name of the	he limited liab	lity company here	.	- SET	i made
AKANBI CLOTI	+126	المارد.			
The new name must be distinguishable and contain the word	ds "Limited Liabil	ity Company," the desi	gnation "LLC" or	the bereviation '	L.LTC."
Enter new principal offices address, if applicab	le:			¥0 3.	
(Principal office address MUST BE A STREET	ADDRESS)	4838	LUGE	LANE	
		ORI	ANDO;	Fi. 3	2839
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BE	<u>0x)</u>		. ,		
B. If amending the registered agent and/or registered agent and/or the new registered office			our records, <u>e</u>	nter the nam	e of the new
Name of New Registered Agent:					
New Registered Office Address:	4838	LUGE Enton Florid	a street address	O RUM	20, FL 3283
	6	Emer Piorius	a street aaaress		
	- ORLA	0130	, Florid	la <u>828</u>	39
		City		Zip Coa	le
New Registered Agent's Signature, if changing Re	gistered 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:

or removed from our records.	
MGR = Manager AMBR = Authorized Member	•

Title	<u>Name</u>	Address	Type of Action
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Filing Fee: \$25.00