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COVER LETTER

Registration Section

TO:

Division of Cor	porations		
	ID R LLC	·	
SUBJECT:	Name of Lim	ited Liability Company	
AKOM AND R 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: YENSI MORET CABALLERO Name of Person AKOM AND R LLC Firm/Company 2236 BROAD WATER DR Address JACKSONVILLE, FL 32225 City/State and Zip Code AKOMANDR@GMAIL.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: IRAIDA MARTINEZ Name of Person Area Code Daytime Telephone Number Enclosed is a check for the following amount: Steel Cortificate Of Status Certificate Copy (additional copy is enclosed) Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Steel Address: The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303			
Please return all correspo	ondence concerning this matter	to the following:	
	YENSI MORET CABALI	LERO	
		Name of Person	
	Name of Limited Liability Company and Articles of Amendment and fee(s) are submitted for filling. In all correspondence concerning this matter to the following: VENSI MORET CABALLERO Name of Person AKOM AND R LLC Firm/Company 2236 BROAD WATER DR Address JACKSONVILLE, FL 32225 City/State and Zip Code AKOMANDR@GMAIL.COM E-mail address: (to be used for future annual report notification) information concerning this matter, please call: MARTINEZ Name of Person a check for the following amount: Filling Fee Certificate of Status Certificate Copy (additional copy is enclosed) Street Address: egistration Section Division of Corporations O. Box 6327 The Centre of Tallahaassee 2415 N. Monroe Street, Suite 810		
		Firm/Company	
	Name of Limited Liability Company Articles of Amendment and fee(s) are submitted for filing. Il correspondence concerning this matter to the following: YENSI MORET CABALLERO Name of Person AKOM AND R LLC Firm/Company 2236 BROAD WATER DR Address JACKSONVILLE, FL 32225 City/State and Zip Code AKOMANDR@GMAIL.COM E-mail address: (to be used for future annual report notification) ormation concerning this matter, please call: XTINEZ Name of Person Area Code Daytime Telephone Number theck for the following amount: ing Fee S030.00 Filing Fee & Certificate of Status Certificate of Status Street Address: Street Address: Registration Section Sion of Corporations Box 6327 The Centre of Tallahassee 2415 N. Monroe Street, Suite 810		
		Address	
	JACKSONVILLE, FL 322	225	
		City/State and Zip Code	
	-		
	E-mail address: (to be used for future annual report notific	ation)
For further information of	oncerning this matter, please c	all:	
IRAIDA MARTINEZ			
Name o	f Person	Area Code Daytime	Celephone Number
Enclosed is a check for the	ne following amount:		
□ \$25.00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy
Registration : Division of C P.O. Box 632	Section Corporations 17	Registration Section Division of Corporate Centre of Tale 2415 N. Monroe States	orations Ilahassee Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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AKOM AND R LLC

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

(A Fionda Limited i	Clability Company)	
	were filed on 07/28/2020	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the a	bbreviation "L.L.C."
The Articles of Organization for this Limited Liability Company were filed on 07/28/2020 and assigned Florida document number L20000224936 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 "LLC." Enter new principal offices address, if applicable: 2236 BOAD WATER DR [Principal office address MUST BE A STREET ADDRESS] Enter new mailing address, if applicable: 2236 BROAD WATER DR [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 register agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address [Florida		
• • •	JACKSONVILLE, FL 32225	
• • • • • • • • • • • • • • • • • • • •		
agent and/or the new registered office address here:	is submitted to amend the following: name, enter the new name of the limited liability company here: be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." tipal offices address, if applicable: address MUST BE A STREET ADDRESS) Ing address, if applicable: 2236 BROAD WATER DR JACKSONVILLE, FL 32225 Ing address, if applicable: AMAY BE A POST OFFICE BOX) ACKSONVILLE, FL 32225 The registered agent and/or registered office address on our records, enter the name of the new registered enew registered office address here: If New Registered Agent: Enter Florida street address Florida Florida Florida	
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Florida	
		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 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>	Name	海红 SE2 17 AH 7: 29 Address	Type of Action
AMBR	ELIEZER VALLEJO	3202 VICTORIA PARK RD:	🗎 Add
		JACKSONVILLE, FL 32216	□Remove
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ective date, if other than the date n effective date is listed, the date must be sp	of filing: 08/01/2021		(optional)	
neffective date is listed, the date must be sp te: If the date inserted in this block do				
cument's effective date on the Departr			,	
cord specifies a delayed effective date	, but not an effective ti	me, at 12:01 a.m. on the	e earlier of: (b) The 90th day	after the
is filed.				
SEPTEMBER 2ND	2021			
ted	, ,	_ ·		
Signa	ture of a member or author	rized representative of a r	nember	_
VENGLNOBER OARLIER	, ,			
YENSI MORET CABALLER	(U			

Filing Fee: \$25.00