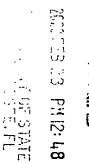
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R. HUNT 02/23/23

COVER LETTER

TO: Registration Security Division of Corp.			
SUBJECT: _AKR	A MANAGEME	INT LLC	
	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	CHRISTIA	NE BERTIE FRAUMAN Name of Person	_
	AKRA M	ANAGEMENT LLC Firm/Company	
	1139 GARRE	Address	3 PHI2: 48
	00	OEE FL 3476/ City/State and Zip Code	31/2 84
	ı	to be used for future annual report notification)	<u>1</u>
For further information co	oncerning this matter, please ca	all:	
CHRÎSTIANE Name o	BERTIE FRAUMAN	at (407) 2717791 Area Code Daytime Telephor	ne Number
Enclosed is a check for the	ne following amount:		
₺ \$25,00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	Certified Copy	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres Registration S Division of C	Section	Street Address: Registration Section Division of Corporation	ns.
P.O. Box 632 Tallahassee, F	7	The Centre of Tallahass 2415 N. Monroe Street,	see

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

AKRA MANAGE	MENT LL	·C	
(Name of the Limited Liability Comp (A Florida Limited	<u>any as it now appea</u> Liability Company)	rs on our records.)	
The Articles of Organization for this Limited Liability Company Florida document number <u>LO9000116451</u> .	y were filed on	12/08/2009	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited lial	oility company h	ere:	
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the	designation "LLC" or the abbre	eviation "L.L.C."
Enter new principal offices address, if applicable:			- 1
Principal office address MUST BE A STREET ADDRESS)			<u>ක</u> ත ට
			ro
Enter new mailing address, if applicable:		න <u>ි.</u> ගුදු	D [1]
Mailing address MAY BE A POST OFFICE BOX)	<u> </u>	in co	No C
			84
3. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our i	records, <u>enter the name</u>	of the new regist
Name of New Registered Agent:	<u></u> .		
New Registered Office Address:			
	Enter Flo	orida street address	
		, Florida	
	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>Title</u>	<u>Name</u>	Address	Type of Action
MGR	BERTIE FRAUMAN, CHRISTIA	NE 1507 S. HIAWASSEERD.	□ Add
		SUITE 216 ORLANDO FL 32835	Remove
			Change
			□Add
			□Remove
			Change
		۰۰ ۱۰۰۱ محمد	Add-
			Add: Add: Change Change Change
		FL	Change
			□Add
			□Remove
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			□Remove
			□Change

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QBP.	FERRUARY 10 2023	
Signature of a member or authorized representative of a member	TEBRUARY 30	
Signature of a member or authorized representative of a member		