

L23000246639

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

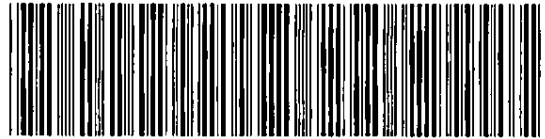
(Business Entity Name)

(Document Number)

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10/13/23--01026--008 **30.00

2023 OCT 13 AM 8:55

A. PARISHANI

OCT 22 2023

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: AKIA Cleaning and more
Name of Limited Liability Company

2023 OCT 13 AM 8:55

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Alexandra Quigley
Name of Person

AKIA Cleaning and more
Firm/Company

555 NE 8th St apt 622
Address

Ft Lauderdale FL 33304
City/State and Zip Code

akacleaningandmore@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Alexandra Quigley at (216) 214 5210
Name of Person Area Code Daytime Telephone Number

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 Address:
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

AKIA Cleaning and move

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

2023 OCT 13 AM 8:55

The Articles of Organization for this Limited Liability Company were filed on 5/19/2023 and assigned
Florida document number L23000246639

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 "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address **MUST BE A STREET ADDRESS**)

555 NE 8th St apt 622
Ft Lauderdale FL 33304

Enter new mailing address, if applicable:

(Mailing address **MAY BE A POST OFFICE BOX**)

555 NE 8th St apt 622
Ft Lauderdale FL 33304

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:

Alexandra Quigley
555 NE 8th St apt 622
Fort Lauderdale Florida 33304
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.

Alexandra Quigley
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>	<u>Address</u>	<u>Type of Action</u>
MGR	Kirsten Schneider	1405 Miami Rd apt 26 Ft Lauderdale FL 33316	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Anais Giorgana	501 NE 3rd St apt 109 Hallendale FL 33009	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Alexandra Quigley	555 NE 8th St apt 622 Ft Lauderdale FL 33304	<input type="checkbox"/> Add <input type="checkbox"/> Remove <input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Just to let the record state, this LLC was formed with 3 co-partners and equal part owners, ~~the~~ both Anna and Kirsten have decided to not continue with any part or position in the company... Furthermore I, Alexandra Quigley will be the sole owner, sole manager, and sole working person on and with this company and LLC. I will start business once they are removed from LLC as well as all other insurance/ things regarding the company, also to make sure the address is now changed to my address and mine alone, thank you for your time, let me know if

E. Effective date, if other than the date of filing:

9/27/2023

(optional)

there is anything else I need to do

(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.

Dated

September 27th 2023

Alexandra Quigley

Signature of a member or authorized representative of a member

Alexandra Quigley

Typed or printed name of signee

2023 (C) 13 A11 8:55