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COVER LETTER

TO:

Registration Section

Division of Cor	porations			
Akouka, LI	LC _	•		
SUBJECT:	Name of Lin	nited Liability Company :	·	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	James M. Schiff, Esquire			
		Name of Person		
	James M. Schiff, P.A.			
		Firm/Company		
	9130 South Dadeland Blvd	d. Suite 2000		
		Address		
	Miami, FL 33156			
		City/State and Zip Code		\bigcirc
	jim@jmschifflaw.com			2021
	E-mail address: (to be used for future annual report notific	cation)	
For further information co	oncerning this matter, please c	all:		三 万
James M. Schiff		305 670-5599 at ()		: 1
Name o	f Person	Area Code Daytime	Telephone Number	<u>`</u>
Enclosed is a check for th	ne following amount:			
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing F Certificate of Certified Copy (additional copy i	Status &
Mailing Address Registration S Division of C P.O. Box 632 Tallahassee, F	Section orporations 7	Street Address: Registration Sect Division of Corporate Centre of Ta 2415 N. Monroe	orations llahassee	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Akouka, LLC		
(Name of the Limited Liability Company as (A Florida Limited Liabil	it now appears on our records.) ity Company)	
The Articles of Organization for this Limited Liability Company wer	e filed on November 3, 2004	and assigned
lorida document number L04000079725		
his amendment is submitted to amend the following:		
a. If amending name, enter the new name of the limited liability	company here:	
he new name must be distinguishable and contain the words "Limited Liability C	ompany," the designation "LLC" or the abbi	reviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)		
_		
	-	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
		රා
3. If amending the registered agent and/or registered office addr	ess on our records, enter the name	
gent and/or the new registered office address here:		复一日
Name of New Registered Agent:		<u></u>
New Registered Office Address:		\triangleright
	Enter Florida street address	
	, Florida	2
	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 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
AMBR	Jackie Akouka Benveniste, Trustee	1960 N.E. 118th Road North Miami, FL 331811	□Add
			= Remove
			Change
MGR	Isaak Akouka	1960 N.E. 118th Road, North Miami, FL 33181	& Add
			□Remove
			Change
MGR	Jonathan Glasser	1960 N.E. 118th Road, Miami, FL 33181	■ Add
			□Remove
			Change □
			DAdd = □
			N □ Remove
			□Change
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fective date, if	other than the dat	e of filing:				(optiona	n∾	
ote: If the date is	isted, the date must be asserted in this block	specific and ca does not mee	nnot be prior to it the annlicah	date of filing of le statutory f	r more than 90 ling requirem	days after filir ients this da	ig.)Pursuai te will not	nt to 605.020 the listed a
ocument's effective	ve date on the Depar	tment of Stat	e's records.					. oo nated d
record specifies a is filed.	delayed effective da	te, but not an	effective tim	e, at 12:01 a.:	n. on the earl	ier of: (b) ^	The 90th d	lay after the
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