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> SECRETARY OF STATE TALLAHASSEE, FLORIDA

FILED

J. BRYAN

OCT 29 2012

EXAMINER

COVER LETTER

Division of Corporations
SUBJECT: AKBAB 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:
RONALD F. BENJAMIN Name of Person ALBNB LLC Firm/Company 314 BUTTON WOOD W. Address LAR90 FL. 33770 City/State and Zip Code
E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Area Code & Daytime Telephone Number E-mail address: (to be used for future annual report notification) Area Code & Daytime Telephone Number
Enclosed is a check for the following amount: \$\Bigsquare{1}\$\$25.00 Filing Fee & Certificate of Status \$\Bigsquare{1}\$\$Certified Copy (additional copy is enclosed) \$\Bigsquare{1}\$\$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**

AKANB UC	•			
(Name of the Limited Liability Com (A Florida Limite	npany as it now appears on ed Liability Company)	our records.)		
The Articles of Organization for this Limited Liability Compa	any were filed on DEC	c 09 200	24and assigned	
Florida document number <u>L0400089</u> []	2.			
This amendment is submitted to amend the following:				
A. If amending name, <u>enter the new name of the limited li</u>	iability company here:			
The new name must be distinguishable and end with the words "L.L.C."	imited Liability Company,"	the designation "L	LC" or the abbreviati	ion
Enter new principal offices address, if applicable:	- A (-A			_
(Principal office address MUST BE A STREET ADDRESS)		τ	SEC:	\neg
Enter new mailing address, if applicable: (<u>Mailing address MAY BE A POST OFFICE BOX)</u>		/A	CT 26 PM 1:	FILL
B. If amending the registered agent and/or registered registered agent and/or the new registered office address h		ecords, enter th	ne name of the ne	- <u>ew</u>
Name of New Registered Agent:	WA.			-
New Registered Office Address:	NA Enter Fl	lorida street addr	ess	
		, Florida		-
	City		Zip Code	
New Registered Agent's Signature, if changing Registered Age	<u>nt:</u>			

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 608, 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 the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member Type of Action <u>Title</u> **Name** <u>Address</u> 716212000 ☐ Add Remove MGRM Add Remove ☐ Add Remove □Add Remove $\prod Add$ Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Signature of a member or authorized representative of a member Page 2 of 2

Filing Fee: \$25.00