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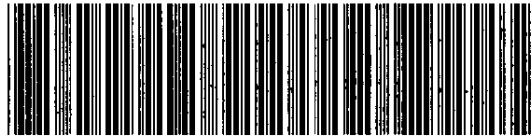
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TALLAHASSEE FLORIDA

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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: AK CONSULTING GROUP OF AMERICA, 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:

AMY KARIMIPOUR

Name of Person

Firm/Company

7719 PRESERVATION ROAD

Address

TALLAHASSEE, FL 32312

City/State and Zip Code

amyk@akconsultinggroup.org
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

AMY KARIMIPOUR

Name of Person

at (850) 523-4206
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/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

**AMENDED AND RESTATED
ARTICLES OF ORGANIZATION
OF
AK CONSULTING GROUP OF AMERICA, LLC**

The undersigned, pursuant to the provisions of Chapter 608.411 of the Florida Statutes (the "Florida Limited Liability Company Act"), for the purpose of amending and restating the Articles of Organization previously filed do set forth the following:

1. **NAME.**

The name of the Limited Liability Company is **AK CONSULTING GROUP OF AMERICA, LLC** (hereinafter referred to as the "Company").

2. **PERIOD OF DURATION.**

The period of duration of the Company shall be perpetual, unless it is dissolved as provided in the Florida Limited Liability Act or the written Operating Agreement to be executed by all of the Members of the Company.

3. **PURPOSE.**

To engage in any and all other businesses and activities permitted by the laws of the State of Florida. The Company shall have all of the powers vested in a limited liability company organized and existing by virtue of such laws.

4. **ADDRESS OF PLACE OF BUSINESS.**

The address of the place of business in Florida for the Company is: 7719 PRESERVATION ROAD, TALLAHASSEE, FLORIDA 32312. Such address may be changed from time to time as provided in the Operating Agreement.

5. **REGISTERED AGENT AND REGISTERED OFFICE.**

The initial registered agent in Florida for the Company is: DANIEL E. MANAUSA and the initial, registered office is 3520 Thomasville Road, 4th Floor, Tallahassee, Florida 32309.

6. **ADDITIONAL MEMBERS.**

The Company shall have one (1) member, and may admit additional members upon the approval of the sole member, or as otherwise provided in the Operating Agreement.

7. **CONTINUITY OF BUSINESS.**

Upon the death, retirement, resignation, expulsion, bankruptcy, or dissolution of a Member or the occurrence of any other even which terminates the continued membership of a Member in the Company, the business of the Company shall be continued and the

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Company shall not be dissolved without the prior written consent of all the remaining Members of the Company.

8. **MANAGEMENT.**

The Company is a member managed company. The name and address of the managing Member is:

AMY KARIMPOUR

7719 PRESERVATION ROAD
TALLAHASSEE, FLORIDA 32312

9. **INDEMNIFICATION.**

Except as expressly provided otherwise in the Operating Agreement, the Company shall indemnify any manager or former manager to the full extent permitted under the Florida Limited Liability Company Act.

EXECUTED at Tallahassee, Leon County, Florida this 16th day of December, 2009.


AMY KARIMPOUR, Managing Member

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TALLAHASSEE FLORIDA

CERTIFICATE DESIGNATING PLACE OF BUSINESS OR DOMICILE FOR THE SERVICE OF PROCESS WITHIN THIS STATE, NAMING AGENT WITH WHOM PROCESS MAY BE SERVED.

Pursuant to the provisions of Section 608.415 or 608.507, Florida Statutes, the undersigned Limited Liability Company, organized under the laws of the State of Florida, submits the following statement in designating the registered office/registered agent, in the State of Florida.

1. The name of the limited liability company is **AK CONSULTING GROUP OF AMERICA, LLC**.
2. The name of the registered agent and office is: DANIEL E. MANAUSA and the initial, registered office is located at 3520 Thomasville Road, 4th Floor, Tallahassee, Florida 32309.

ACKNOWLEDGEMENT

Having been named to accept service of process for the above limited liability company, at the place designated in this certificate, I hereby accept to act in this capacity and agree to comply with the provision of said Act relative to being available at said location.


DANIEL E. MANAUSA, Registered Agent