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SECRETARY OF STATE

C. LEWIS

DEC 1 8 2012

EXAMINER

COVER LETTER

TO: Registration So Division of Con			
SUBJECT: AK	Investments e' Name of Limi	Development LCC ted 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:	
		Name of Person	
		Name of Person	
		Firm/Company	
	6900	<u>νω 77 7ελι</u> Address	
		Audiças	
	me dle	City/State and Zip Code	
		•	
	E-mail address: (t	ose at Janen P 49 has obe used for future annual report notification	ion)
For further information c	oncerning this matter, please ca	all:	
Zox A. Name o	Delga du f Person	at (<u>305</u>) <u>528 – 167</u> Area Code & Daytime Te	2) Elephone Number
Enclosed is a check for the	ne 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)

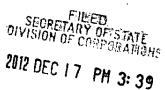
MAILING ADDRESS:

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

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION **OF**



AK Investments & Develo	opment LCC
(Name of the Limited Liability Company (A Florida Limited Lia	y as it now appears on our records.) ability Company)
The Articles of Organization for this Limited Liability Company v	vere filed on 3/19/2009 and assigned
Florida document number <u>L 0900027 Z9Z</u> .	
This amendment is submitted to amend the following:	
A 16	:
A. If amending name, enter the new name of the limited liabil	ity company nere:
The new name must be distinguishable and end with the words "Limite "L.L.C."	ed Liability Company," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	19101 NW 88 CT Mign 1 = 33018
	migni F1 33018
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	6900 NW 77 TELL Medley F1 33166
	medley F1 33166
	,
B. If amending the registered agent and/or registered offi registered agent and/or the new registered office address here:	
registered agent and/or the new registered office address here.	
Total Company	and an Andreada
Name of New Registered Agent: Jose	Antonio Dolgado
New Registered Office Address: 191	Ol Nw 88 CT Enter Florida street address
	Enter Florida street address
m:	City , Florida 3301? Zip Code
	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 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, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	Rgul Francisos Delgado	1311 W 43 PC	Add
•		NialeaH F1 33012	Remove
MGRM	Jose Antonio Delgado	19101 NW 88 CT	
			Remove
			Add Remove
			Add
			Add

D. If an	nending any other information, enter change(s) here: (Attach additional sheets, if neo	ressary BECRETAL	LEB NY OF STATE
		2012 DEC 17	PM 3: 39
Dated _			
	Signature of a member or authorized representative of a member		
	Rgul Francisco Velgado Typed or printed name of signee		

Page 3 of 3

Filing Fee: \$25.00