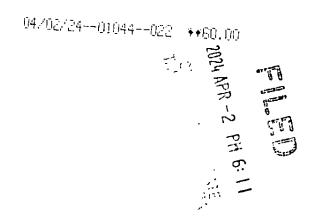
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(Re	questor's Name)	
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PICK-UP	MAIT WAIT	MAIL
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Certified Copies	_ Certificates	of Status
Special Instructions to I	Filing Officer:	
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Office Use Only





## COVER LETTER

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	gistration Sec ision of Corp		
SUBJECT:		: Associates, LLC	
SUBJECT:	_	Name of Lim	ited Liability Company
The enclosed	d Articles of A	mendment and fee(s) are sub-	mitted for filing.
Please return	all correspon	dence concerning this matter	to the following:
		Ricky Barroso	
			Name of Person
		R. Cabrera & Associates, L	LC
			Firm/Company
		7901 4TH STREET NORT	TH UNIT 15862
			Address
		ST. PETERSBURG, FL 3	3702
			City/State and Zip Code
		info@thercafirm.com	
For further is	nformation co	e-mail address: (t neerning this matter, please ca	to be used for future annual report notification)
Ricky Barro	so		800 3019816 at ()
	Name of I	Person	Area Code Daytime Telephone Number
Enclosed is a	check for the	following amount:	
□ \$25.00 I	iling Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & ■ \$60.00 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

R. Cabrera & Associates, LLC			
	omnany as it now annears	on our records )	
(Name of the Limited Liability C (A Florida Lin	nited Liability Company)	<u>04 041 1560143.)</u>	
The Articles of Organization for this Limited Liability Com	nany were filed on 10/2	5/2009 and assigned	
Florida document number L09000103073		and assigned	
This amendment is submitted to amend the following:	etti terdi etingaring kinipandan geringan jih	Na rodina dikangan kan kan kan kan kan kan kan kan kan k	
A. If amending name, enter the new name of the limited			
AKMI ENTERPRISES, LLC	mability company ner	±•	
The new name must be distinguishable and contain the words "Limited	Lightlity Company " the dea	ignation "I I C" as the abbasistics "I I C."	
The new hante mest be distanguishable and contain the words. Limited	Liability Company, the des	ignation LLC of the appreviation L.L.C.	
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRES	SS)		
	<del></del>		
		to Re	
Enter new mailing address, if applicable:		7	
(Mailing address MAY BE A POST OFFICE BOX)			
		2	
		7 5	
B. If amending the registered agent and/or registered of	fice address on our rec	ords, enter the name of the new register	
agent and/or the new registered office address here:		· · · · · · · · · · · · · · · · · · ·	
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida street address		
	, Florida		
	City	Zip Code	
New Registered Agent's Signature, if changing Registered A			

If Changing Registered Agent, Signature of New Registered Agent

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.

or removed from our records:				
Title	Name	<u>Address</u>	Type of Action	
			□Add	
			□Remove	
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grafit et en die traditie	AMARINE PARTER SERVICE SERVICE PROTECTION OF THE CONTROL OF THE PROPERTY OF TH	
	·	
(If an c <u>Note</u>	ctive date, if other than the date of filing: (optional)  ffective 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.  If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed ment's effective date on the Department of State's records.	0207 (3)(b d as the
If the re	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlie	er of:
וו (ט)	e 90th day after the record is filed.	
Date	d	
	La A	
	Baut	
	Signature of a member or authorized representative of a member	

Page 3 of 3

Typed or printed name of signee