## L09000183583

| (Rec                      | questor's Name)   |             |
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| (Add                      | fress)            |             |
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## **COVER LETTER**

|                | ision of Corp |  | ,   |  |
|----------------|---------------|--|---|--|
| SUBJECT:       | AKTARIU       | JS, LLC                                      |   |  |
| SUBJECT:       |               | Name of Lim                                  | ited Liability Company  |  |
| The enclosed   | Articles of A | Amendment and fee(s) are sub                 | mitted for filing.  |  |
| Please return  | all correspor | ndence concerning this matter                | to the following:   |  |
|                |               |  | Dawna Smith   |  |
|                |               |  | Name of Person  | <del></del>  |
|                |               | н  | awaiian Native Corporation  |  |
|                |               |  | Firm/Company  |  |
|                |               | 611  | Dunbar Cave Road, Suite 102   |  |
|                |               |  | Address   |  |
|                |               |  | Clarksville, TN 37043   |  |
|                |               |  | City/State and Zip Code   |  |
|                |               |  | dsmith@dawson8a.com   |  |
|                |               | E-mail address: (                            | to be used for future annual report noti                            | fication)  |
| For further in | formation co  | ncerning this matter, please ca              | all:  |  |
| Dawna Smith    |               |  | 931 555-5208<br>at () Daytim  |  |
|                | Name of       | Person                                       | Area Code Daytim  | e Telephone Number   |
| Enclosed is a  | check for the | e following amount:                          |   |  |
| □ \$25.00 Fi   | iling 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 TO ARTICLES OF ORGANIZATION OF

| A  | Aktarius, LLC                               |  |                            |                    |
|--|---|--|----------------------------|--------------------|
| (Name of the Limi  | ted Liability Compa<br>(A Florida Limited l | ny as it now appears of<br>Liability Company)  | n our records.)            |                    |
| The Articles of Organization for this Limited L Florida document number L09000122583 | iability Company                            | were filed on 12/29  | /2009                      | and assigned       |
| This amendment is submitted to amend the following                                   |   | The second secon |                            |                    |
| A. If amending name, enter the new name of   | f the limited li <u>ab</u>                  | ility company here   | :                          |                    |
| The new name must be distinguishable and contain the                                 | vords "Limited Liabi                        | lity Company," the desig   | nation "LLC" or the abb    | reviation "L.L.C." |
| Enter new principal offices address, if applic                                       | cable:                                      |  |                            |                    |
| (Principal office address MUST BE A STREE  | ET ADDRESS)                                 |  |                            | <del></del>        |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) |   | 661 Dunbar Cave F<br>Clarksville, TN 370   |                            |                    |
| B. If amending the registered agent and registered agent and/or the new registered o | Michael Gelsle                              | e:<br>ichter   | ur records, <u>enter t</u> | he name of the new |
| New Registered Office Address:   | 2401 North Jen                              | ks Avenue  Enter Florida   | street address             |                    |
|  | Panama City                                 |  | , Florida _ <sup>324</sup> | 105                |
|  |   | 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 Changing Registered Agent, Signature of New Registered Agent

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           |  |  |  |  |
|--------------|-----------------------------|----------------------------------|--------------------------|--|--|--|--|
| MGR          | Stephen C. Prier            | 7506 Yellow Bluff Road           | Add                      |  |  |  |  |
|              |                             | Panama City, FL 32404            | ■ Remove                 |  |  |  |  |
| MGR          |                             |                                  | ☐ Change                 |  |  |  |  |
|              | Hawaiian Native Corporation | 900 Fort Street Mall, Suite 1850 | ■ Add                    |  |  |  |  |
|              | <del>-</del> -              | Honolulu, HI 96813               | ☐ Remove                 |  |  |  |  |
|              |                             | <u> </u>                         | ☐ Change                 |  |  |  |  |
|              |                             |                                  |                          |  |  |  |  |
|              |                             |                                  | □ Remove □ Change□ □ Add |  |  |  |  |
|              |                             | <del></del>                      | □ Rèmove □               |  |  |  |  |
|              |                             |                                  | Add                      |  |  |  |  |
|              |                             |                                  | Remove                   |  |  |  |  |
|              |                             |                                  | Change                   |  |  |  |  |
|              |                             |                                  | Add                      |  |  |  |  |
|              |                             | ***                              | □ Remove                 |  |  |  |  |
|              |                             |                                  | ☐ Change                 |  |  |  |  |

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| ective    | date, if other tl                                       | ıan the d | late of fili  | ino:   |         |         |         |           |        |          | (o                                      | ntiona                | D                   |  |                      |
| effective | date, if other the date is listed, the date inserted in | date must | be specific a | and ca | annot b | e prior | to date | of filing | or mor | e than 9 | 0 days a                                | fter filir<br>this da | ig.) Pui<br>te will | suant to 6                               | 505.0207<br>isted as |
|           | s effective date  |           |               |        |         |         |         | atatol j  | 6      | oquiis   | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | uno <b>ca</b>         |                     |  |                      |
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|           | l specifies a c<br>th day after t                       |           |               |        | te, b   | ut no   | tan     | effecti   | ve tir | ne, at   | : 12:0                                  | 1 a.m                 | . on                | the ea                                   | riier o              |
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Filing Fee: \$25.00