L100000002729

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
·	·	
(Cit	y/State/Zip/Phone	<u>. #)</u>
	y/Otate/2/p// None	· ")
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	,
(,	
Ond Tod One in	O	
Certified Copies	_ Centificates	or Status
Special Instructions to	Filing Officer:	
		İ

Office Use Only



300237394663

07/13/12--01020--nj8 **25.00

SECRETARY OF STATE TALLAHASSEE, FI ORD

D. BRUCE
JUL 16 2012
EXAMINER

COVER LETTER

4 5%

TO;	Registration Section Division of Corpo			
SUBJE	CT:	А	K L, LLC	
5000	<u></u>		ited Liability Company	
The enc	losed Articles of Ar	mendment and fee(s) are sul	bmitted for filing.	
Please r	eturn all correspond	lence concerning this matter	r to the following:	
			ALEJANDRO NUNEZ	
			Name of Person	
			Firm/Company	
		14	50 NW 87TH AVENUE	
			Address	1
			DORAL, FL 33172 City/State and Zip Code	ALL ALL
		VI	ERELISP@MAC1.BIZ	AH.
		E-mail address: (to be used for future annual report no	iffication) SSI
For furt	her information con	cerning this matter, please of	eall:	in Co
	ALEJAN	IDRO NUNEZ	at (_786_)	
	Name of P	erson	Area Code & Dayti	me Telephone Number
Enclose	d 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 enclose	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Registrati Division e P.O. Box	G ADDRESS: ion Section of Corporations 6327 ee, FL 32314	STREET/COUI Registration Sect Division of Corp Clifton Building 2661 Executive 6	orations

Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

A	AKL, LLC			
(<u>Name of the Limited Liability</u> (A Florida L	Company as it now appea imited Liability Company)	rs on our records.		
(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	, company,			
The Articles of Organization for this Limited Liability Co	ompany were filed on	07-09-2010	and assigned	
Florida document numberL10000062729	_•			
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limit	ted liability company he	<u>re</u> :		
The new name must be distinguishable and end with the word "L.L.C."	ds "Limited Liability Comp	nany," the designation "L	J.C" or the abbreviation	
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDR	ESS)		<u> </u>	٠
Enter new mailing address, if applicable:			JUL 13	FIL
(Mailing address MAY BE A POST OFFICE BOX)			<u> </u>	5
			= = = = = = = = = = = = = = = = = = =	
B. If amending the registered agent and/or registered agent and/or the new registered office addr		our records, enter t		
Name of New Registered Agent:				
New Registered Office Address:		m		
	E	nter Florida street add	iress	
	City	, Florida	Zip Code	
	City		en come	

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

MGR = Manager

MGRM = Managing Member <u>Title</u> <u>Name</u> <u>Address</u> **Type of Action** MGRM FRANK J AMEDIA 1450 NW 87TH AVENUE, SUITE 210 ✓ Add DORAL_FLORIDA.33172____ Remove ☐ Add Remove 🔲 Add Remove ☐ Add Remove □Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) JULY 1 2012 Dated_ Signature of a member or authorized representative of a member KESHETLEMBERG Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00

APPROVED AND