Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

18/12

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : AGI REGISTERED AGENTS, INC.

Account Number: T20000000205

Phone : (305)416-6800

Fax Number

: (305)416-6811

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Email	Address:	
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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN AKT 8, LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

B. BOSTICK

DEC 19 2012

EXAMINER

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COVER LETTER

TO:

Registration Section
Division of Corporations

SUBJECT

AKT 8, 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:

Diane M. Hernandez

Name of Person

Adams Gallinar, P.A.

Firm/Company

1000 Brickell Avenue, Suite 300

Address

Miami, Florida 33131

City/State and Zip Code

dhernandez@agilaw.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Diane M. Hernandez

,305,416-6800

Name of Person

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

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

AKT 8, LLC			
(Name of the Limited Liability Compan (A Florida Limited Li	y as it now appears on our recability Company)	cords.)	_
The Articles of Organization for this Limited Liability Company Florida document number L10000124900	were filed on 12/03/2010	an	nd assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabi	lity company here:		
The new name must be distinguishable and end with the words "Limit "L.L.C."	ted Liability Company," the des	signation "LLC" of	r the abbreviation
Enter new principal offices address, if applicable:	999 Brickell Avenue		₹2
(Principal office address MUST BE A STREET ADDRESS)	Suite 1001	F. 29.	A T
	Miami, Florida 33131	Fitae	
Enter new mailing address, if applicable:			圣四
(Mailing address MAY BE A POST OFFICE BOX)			Ö
	·	a	9
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here		ls, <u>enter the na</u>	me of the new
Name of New Registered Agent:			
New Registered Office Address:	Enter Florida	street address	
	. F	Florida	
	City		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

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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

Title	Name	Address	Type of Action
MGR	Abdulhady Khalid Taher	1000 Brickell Avenue	Add
		Suite 300	Remove
		Miami, Florida 33131	
MGR	Heaven Luck Holdings, LLC	999 Brickell Avenue	Add
		Suite 1001	Remove
		Miami, Florida 33131	
			Add
			Remove
			\ \ \
		,	Remove
		ALL ATA 30	Add Add
			Add
			Remove

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D.	If amen	ding any	other inf	ormation,	enter chang	e(s) here:	(Attach add	iltional sheets	, if necessary.)	
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Da	nted De	cemb	er 17		201	2				
				<	H	Til	T EUUL	/		
				Signature	of a member	or authori	zed represent	ative of a mem	ber	
		Robe	rt R. A	ldams,	Esq., Áu	ithorize	d Repre	ative of a mem esentative	}	
					Typed	or printed	name of sign	ce		

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Filing Fee: \$25.00