1120000021492

(Re	equestor's Name)	
(110	rquestor e marrier	
(Ad	ldress)	
(
(Ac	idress)	
•		
(Ci	ty/State/Zip/Phone	⇒ #)
PICK-UP	☐ WAIT	MAIL
(Bu	ısiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



900256033349

02/10/14--01010--007 **25.00

2014 FES 1.0 17 2: 51

B. BOSTICK
FEB 1 2 2014
EXAMINER

COVER LETTER

TO: Registration Section Division of Corpor					
SUBJECT:	AKasha Name of Limi	Well ness , ited Liability Company	LLC		
The enclosed Articles of Am	endment and fee(s) are sub	mitted for filing.			
Please return all corresponde	nce concerning this matter	to the following:			
	Sa	undra Fuent	tes		
		Name of Person			
		Firm/Company			
			,		
	3045	T Hibiscus	<u>st.</u>		
		Address			
	L	Address Address Alami, FL City/State and Zip Code akashawe l to be used for future annual r	33/33		
		City/State and Zip Code	ı.l		
-	Sandra a	akeshawel	lness net	<u> </u>	200
For further information conc			Open Tellines		
Sandra	Fuentes	at (305)	606-01 Daytime Telephor	82	5
Name of Pe	rson	at (305) Area Code	Daytime Telephor	ie Number	्रा <u>।</u>
Enclosed is a check for the f	ollowing amount:			<i>p. **</i>	<u>. </u>
\$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is encl		\$60.00 Filing Fee, Certificate of Sta Certified Copy (additional copy is er	tus &

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**

(Name of the Limited Liability Compan	v as it now appears on our records.)
(A Florida Limited Li	
The Articles of Organization for this Limited Liability Company vi Florida document number	were filed on $\frac{2/13/20/2}{}$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabil	ity company here:
The new name must be distinguishable and end with the words "Limited Liabil	lity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	3045 Hibisus St.
(Principal office address MUST BE A STREET ADDRESS)	Miami, FL
	33/33 : 🚆
Enter new mailing address, if applicable:	3045 Hibiscus St
(Mailing address MAY BE A POST OFFICE BOX)	Miani, A
	33133
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here	fice address on our records, enter the name of the new
Name of New Registered Agent:	Sandra E. Fuentes
New Registered Office Address:	3045 Hibiscus St. Enter Florida street address
	Miami, Florida 33/33 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 the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Rebecca Fuentes	114 2nd San Marino Ferr	Add
		114 2nd San Marino Ferr Mianu Beach, FC 33/39	Remove
MG RH			□ Add
			□ Remove
			□ Add
			□ Remove
			Remove
			☐ Add
			i Kemove
			🗆 Add
			□ Remove

	g any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	Amending MGRM's address on fike to: 3045 Hibiscus St.
	3045 Hibiscus St.
	Miami, PL 33/33
	Mit will
Effective da	ate, if other than the date of filing: (optional)
	ate, if other than the date of filing:
the date this d	document is filed by the Florida Department of State)
the date this d	document is filed by the Florida Department of State)
the date this d	
the date this d	document is filed by the Florida Department of State)
the date this d	Hocument is filed by the Florida Department of State) Kebruary 6 4 , 20.14 .
the date this d	document is filed by the Florida Department of State)

Page 3 of 3

Filing Fee: \$25.00