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## **COVER LETTER**

TO: Registration Section

AKT REAL ESTATE SERVICES, 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:    Marlene Reyes	Division of Cor	rporations	r	
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Please return all correspondence concerning this matter to the following:    Marlene Reyes				
Marlene Reyes  Name of Person  AKT Administrative Services, LLC  Firm/Company  3620 SW 110th Avenue  Address  Miami, Florida 33165  City/State and Zip Code marlene@heavenluck.net  E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  Marlene Reyes  305 965-1669 at (	The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Name of Person  AKT Administrative Services, LLC  Firm/Company  3620 SW 110th Avenue  Address  Miami, Florida 33165  City/State and Zip Code marlene@heavenluck.net  B-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  Marlene Reyes  at (	Please return all correspo	ondence concerning this matter	to the following:	
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Marlene Reyes    Solution   Solut		marlene@heavenluck.net		
Marlene Reyes    305   965-1669     at (		E-mail address: (	to be used for future annual report not	ification)
Name of Person  Area Code  Daytime Telephone Number  Enclosed is a check for the following amount:  Second Filing Fee Second Status  Certificate of Status  Certified Copy (additional copy is enclosed)  Mailing Address:  Street Address:	For further information of	oncerning this matter, please c	all:	
Name of Person  Area Code  Daytime Telephone Number  Enclosed is a check for the following amount:  □ \$25.00 Filing Fee  S30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee,  Certificate of Status  Certified Copy □ Certificate of Status & □ Certified Copy □ Certified	Marlene Reyes			
Enclosed is a check for the following amount:  \$\Begin{array}{cccccccccccccccccccccccccccccccccccc	Name o	f Person		ne Telephone Number
□ \$25.00 Filing Fee Certificate of Status Certified Copy (additional copy is enclosed)  Mailing Address:  □ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed)  □ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed)				
Certificate of Status  (additional copy is enclosed)  Certificate of Status & Certified Copy (additional copy is enclosed)  Mailing Address:  Street Address:	Enclosed is a check for the	ne following amount:		
	□ \$25.00 Filing Fee	-	Certified Copy	Certificate of Status & Certified Copy
Division of Corporations Division of Corporations	Registration S Division of C	Section orporations	Registration Se Division of Co	rporations
P.O. Box 6327 The Centre of Tallahassee Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810				

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

AKT REAL ESTATE SERVICES				
(Name of the Lim	ited Liability Company as it now (A Florida Limited Liability Com	appears on our records.) pany)		
The Articles of Organization for this Limited l	Liability Company were filed	on 01/08/2013	and assigned	1
Florida document numberL13000004090				
This amendment is submitted to amend the following	lowing:			
A. If amending name, enter the new name	of the limited liability compa	any here:		
AKT Administrative Services, LLC	1			
The new name must be distinguishable and contain the	words "Limited Liability Company	"the designation "LLC" or the	e abbreviation "L.L.C."	_
Enter new principal offices address, if appli	cable:		202	
(Principal office address MUST BE A STRE	ET. ADDRESS)		2 H	$\neg \cap$
			<del></del>	
			$\omega$	1
Enter new mailing address, if applicable:	<del></del>		7.5.5. <b>PH</b>	<del></del>
(Mailing address MAY BE A POST OFFICE	<u> </u>		· · · · · · · · · · · · · · · · · · ·	
			23	
B. If amending the registered agent and/or agent and/or the new registered office address.		our records, <u>enter the n</u>	ame of the new regi	istered
Name of New Registered Agent:				
New Registered Office Address:	3620 SW 110th Ave.			
	En	ter Florida street <mark>addre</mark> ss		
	Miami	, Florida		
	City		Zip Code	
New Registered Agent's Signature, if changing	Registered Agent:			

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
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
<del></del>	
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E. Effective date, if other than the date of filing:	07 (3)( as the
If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.	e
Dated April 28th 2022	
Signature of a member or authorized representative of a member	
Marlene Reyes	
Typed or printed name of signee	

Filing Fee: \$25.00