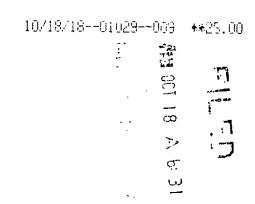
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COVER LETTER

	Registration Se Division of Cor				
SUBJEC	AK Global	Asset Management, LLC			
SUBJEC	.1:	Name of Lim	ited Liability Company		
The encl	osed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please re	turn all correspo	ndence concerning this matter	to the following:		
		Maura McCarthy Bulman,	Esq.		
		Maura McCarthy Bulman.	Name of Person PLLC		
		4700 Sheridan Street, Suit	Firm/Company e J		13. 13. 10.
		Hollywood, Florida 33021	Address		
		mbulman@mmbpa.com	City/State and Zip Code		о. <u>Ш</u>
		E-mail address: (to be used for future annual report not	ification)	
For furth	er information c	oncerning this matter, please co	all:		
Maura M	AcCarthy Bulma	n, Esq.	954 510-2822 at ()		
	Name o	f Person	Area Code Daytin	ne Telephone Number	
Enclosed	l is a check for th	ne following amount:			
\$25.0	00 Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	e of Status &

MAILING ADDRESS:

TO:

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

AK Global Asset Management, LLC (Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company _____ and assigned Florida document number _____ This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: AK Global Investment Management, LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "L.L.C." or the abbreviation "L.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address City

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, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager

AMBR = Authorized Member Address **Type of Action** <u>Title</u> <u>Name</u> □ Add ☐ Change Remove) ợ. ట _⊡•Change _□ Add _□ Remove _□ Change □ Add □ Remove _□ Change _□ Add ☐ Remove _□ Change

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Effective date, if other than the data an effective date is listed, the date must b	ite of filing:	a distant ettimo as assess	(optional)	N. D
Note: If the date inserted in this block document's effective date on the Department	c does not meet the applica	ble statutory filing re	quirements, this date	will not be listed as
ne record specifies a delayed e The 90th day after the recor	d is filed.			
October 8 Dated	. 2018	- Shu	1/4 au	
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Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00