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COVER LETTER

TO: Registration Section Division of Corporations
SURFECT: AKASIA GROUP LLC.
SUBJECT: AKASIA GROUP, 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:
GUSTAVO A. CAMPOS Name of Person
AKASIA GROUP, LLC Firm/Company
7500 NW 25 ST SUITE 241
MIAMI, FC 33122 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
GUSTAVO A. CAMPOS at (305) 420 - 6153 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\times \text{Certificate of Status}\$ \$\times \text{S25.00 Filing Fee & Certificate of Status}\$ \$\times \text{Certified Copy (additional copy is enclosed)}\$ \$\times \text{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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED 2015 OCT -2 AH 10: 03

AKASIA	GROUP, LLC MASSES, 門衛家
(<u>Name of the Limited</u> (A	d Liability Company as it now appears on our records.) A Florida Limited Liability Company)
The Articles of Organization for this Limited Lia	ibility Company were filed on <u>IANUARY 21, 2014</u> and assigned
Florida document number <u>L 14000015</u>	5242
This amendment is submitted to amend the follow	wing:
A. If amending name, enter the new name of t	the limited liability company here:
The new name must be distinguishable and contain the wor	rds "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applical	ble:
Principal office address MUST BE A STREET	^ADDRESS)
Enter new mailing address, if applicable:	
Mailing address MAY BE A POST OFFICE B	(OX)
·	
	r registered office address on our records, enter the name of the
registered agent and/or the new registered offi	ice address here:
Name of New Registered Agent:	GUSTAVO A. CAMPOS
New Registered Office Address:	7500 NW 25 ST SUITE 241 Enter Florida street address
	MIAMI, Florida 33122 City Zip Code
New Registered Agent's Signature, if changing Re	•

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 of the proper and company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

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Page 1 of 3

						
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Effective date, if other than If an effective date is listed, the da Note: If the date inserted in t document's effective date on	ate must be specific and ca this block does not me	annot be prior to date o et the applicable sta	of filing or more than S tutory filing require	(optional) 0 days after filing.) Pu ments, this date wil	irsuant to 605.020	07 (3) ₍
ne record specifies a del The 90th day after the	layed effective da e record is filed.	te, but not an e	ffective time, at	12:01 a.m. on	the earlier o	of:
22, 212, 211						
Dated 9 / 29		2015				-
1 -		2015. M P O Z mber for authorized re	presentative of a mem	ber		_

Page 3 of 3

Filing Fee: \$25.00