

L14000102130

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : STOK FOLK + KON
Account Number : I20130000060
Phone : (305) 935-4440
Fax Number : (305) 935-4470

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

Email Address:

jkon@stoklaw.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

AK "N" ELI, LLC

Certificate of Status	0
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DIVISION OF CORPORATIONS
BUREAU OF COMMERCIAL
INFORMATION SERVICES

OCT 10 2014
T CLINE

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

AK "N" ELI LLC

(Name of the Limited Liability Company as it now appears on our records)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 6-25-14 and assigned
Florida document number 224000102130

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

18851 NE 29 Ave Suite 1005
Aventura, FL 33180

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

18851 NE 29 Ave Suite 1005
Aventura, FL 33180

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 _____, Florida _____
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

Oct. 9. 2014 4:37PM

No. 7496 P. 3/4

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:

MGR - Manager

AMBR - Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
			☐ Add
			☐ Remove
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2014 OCT -9 AM 8:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

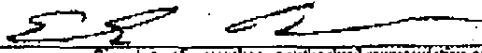
Oct. 9. 2014 4:37PM

No. 7496 P. 4/4

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

E. Effective date, if other than the date of filing: _____ (optional)
(This effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated Sept 5, 2014.



Signature of a member or authorized representative of a member

Elliott Kustinger

Typed or printed name of signer

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2014 OCT -9 AM 8:18