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(Requestor's Name)	
(Address)	
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COVER LETTER

TO:

TO: Registration So Division of Co				
AFIK LLC				
SUBJECT:	Name of Lin	nited Liability Company	_	
The enclosed Articles of	Amendment and fee(s) are sub-	omitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	DANY ABRAHAM			
		Name of Person		
	KSDT & COMPANY			
		Firm/Company		
	1625 N COMMERCE PK	WY SUITE 315		
		Address		
	WESTON FL. 33326			
		City/State and Zip Code		
	DABRAHAM@KSDT-CP			
For further information c	r-mair address: (concerning this matter, please c	to be used for future annual report no all;	tetcation)	
DANY ABRAHAM		305 670-3370		
Name o	f Person	at () Area Code Daytii	ne Telephone Number	
Enclosed is a check for t	he following amount:			
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)	
Mailing Address		<u>Street Address:</u> Registration S	ection	
Registration Section Division of Corporations		-	Division of Corporations	
P.O. Box 632	27	The Centre of		
Tallahassee,	rt. 52514	2415 N. Monre	oe Street, Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2027 APR -4 AM II: 53

AFIK LLC

(Name of the Limited Liability Company as it now appears on SEORGERY OF STATE
(A Florida Limited Liability Company)

TALLAHASSEF, EL

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The Articles of Organization for this Limited Liabil	ity Company were filed on 12/17/	2014	and assigned
Florida document number 1.14000191960			
This amendment is submitted to amend the followin	g:		
A. If amending name, <u>enter the new name of the</u>	limited liability company here:		
The new name must be distinguishable and contain the words	"Limited Linkility Company " the design	nation "LLC" or the	hbraviation "L. I. C."
The new name must be distinguishable and contain me words	Thinned thanning Company. The design	nation the or the	ioneviation 1.11.e.
Enter new principal offices address, if applicable	:	_	
(Principal office address MUST BE A STREET A	DDRESS)		
Enter new mailing address, if applicable:			<u> </u>
(Mailing address MAY BE A POST OFFICE BOX	<u> </u>		
B. If amending the registered agent and/or regist		rds, <u>enter the nai</u>	ne of the new regi
agent and/or the new registered office address he	e <u>re</u> :		
Name of New Registered Agent:			
New Registered Office Address:			
New Registered Office Address.	Enter Florida	street address	
		Photoles	Zip Code

<u>New Registered Agent's Signature, if changing Registered Agent:</u>

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>	Name	Address	Type of Action
MGR	RON ABRAHAM	9300 SOUTH DADELAND BLVD SUITE 600	□Add
		MIAMI, FL 33156	≡ Remove
			□Change
			🗆 Add
			□Remove
			□Change
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Effective date, if other than the d (If an effective date is listed, the date must h Note: If the date inserted in this bloc document's effective date on the Dep	k does not meet the applica	to date of filing or more than 90 able statutory filing required	(optional)) days after filing.) Pursuant to 6 ments, this date will not be l	605.0207 (3 isted as th
ne record specifies a delayed effective ord is filed.	date, but not an effective tir	me, at 12:01 a.m. on the ear	tier of: (b) The 90th day at	fter the
Dated MARCH 16	. 2022			
<u></u> 8	ignature of a member or autho	rized representative of a mem	her	
TOM STERN - MGR				
	Typed or printe	d name of signee		