

L15000064237

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

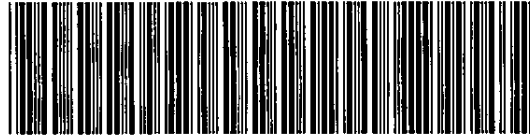
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

OCT 15 2015

Y SULKER

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** First Impressions Staging 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:

Angélique Krak (Konrad)  
Name of Person

First Impressions Staging  
Firm/Company

1109 Malaga Ave  
Address

Coral Gables FL 33134  
City/State and Zip Code

liquekonrad@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Angélique Krak Konrad at (305) 965 2087  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the 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:**  
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

TO  
ARTICLES OF ORGANIZATION  
OF

First Impressions Staging  
(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 April 13 2015 and assigned Florida document number L 15 0000 64 237

This amendment is submitted to amend the following:

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

AK Staging, LLC  
The new name must be distinguishable and contain 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)

1109 Malaga Ave  
Coral Gables FL 33134

**Enter new mailing address, if applicable:**

(Mailing address MAY BE A POST OFFICE BOX)

1109 Malaga Ave  
Coral Gables FL 33134

**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:

Angélique Krek

New Registered Office Address:

1109 Malaga Ave

*Enter Florida street address*

Coral Gables

*City*

Florida

33134

*Zip Code*

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**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.*

Allo weed

If Changing Registered Agent, Signature of New Registered Agent

or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<del>Mrs.</del>	Eilab Campbell - Beavers	4160 La Playa Blvd	<input type="checkbox"/> Add
		Coconut Grove, FL 33133	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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