

Feb. 16, 2021 3:06PM

ML RIVERO & ASSOCIATES

No. 1254 P. 3/6

2/16/2021

Division of Corporations

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

**L1500004237**

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((H21000064807 3)))



H210000648073ABC

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To:

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

From:

Account Name : ML RIVERO & ASSOCIATES, LLC  
Account Number : 120170000098  
Phone : (305)443-8500  
Fax Number : (305)444-5955

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

Email Address: ypena@mlrivero.com

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
AK STAGING, LLC**

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ML RIVERO & ASSOCIATES

No. 1254 P. 1/6

850-617-6381

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February 16, 2021

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

AK STAGING, LLC  
1109 MALAGA AVE  
CORAL GABLES, FL 33134US

SUBJECT: AK STAGING, LLC  
REF: L15000064237

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The electronic filing cover sheet submitted with your document reflects the incorrect type of document. The cover sheet must reflect the type of document you are filing. Please generate a new fax audit cover sheet under the appropriate document type. When resubmitting your document for filing, please also send a copy of the incorrect cover sheet marked "ABANDONED".

Please verify whether the new name should be all together as shown on the document.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Irene Albritton  
Regulatory Specialist II

FAX Aud. #: H21000063105  
Letter Number: 221A00003429

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# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

AK STAGING, 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 04/13/2015 and assigned  
Florida document number L15000064237.

This amendment is submitted to amend the following:

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

ANGELIQUE KONRAD, LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

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

Florida

City

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

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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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
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_____	_____	_____	<input type="checkbox"/> Change

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

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STAFF

E. Effective date, if other than the date of filing: 02/03/2021 (optional)  
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)  
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated FEBRUARY 03, 2021

Source

Signature of a member or authorized representative of a member

ANGELIQUE KRUK

Typed or printed name of signee