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(Requestor's Name)			
(Address)			
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(Audiess)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
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05/10/18--01009--028 **25.00



COVER LETTER

TO:	Registration Se Division of Cor				
CEID.		AKEN LLC			
Name of Limited Liability Company					
The	enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Pleas	se return all correspo	ondence concerning this matter	to the following:		
		Isabelle Peric			
		 	Name of Person	-	
		ISAKEN LLC			
		 	Firm/Company		
		5315 Park Blvd, Suite 3C			
			Address		
		Pinellas Park, FL 33781			
			City/State and Zip Code	 	
		isabelleperic@gmail.com			
			to be used for future annual report notifi	ication)	
For f	urther information o	oncerning this matter, please c	all:		
Chai	nt Karajian		844 707-3773		
	Name o	f Person		Telephone Number	
Encl	osed is a check for the	ne 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ISAKEN LLC		
(<u>Name of the Limited Liabil</u> (A Florid	lity Company as it now appears on our r la Limited Liability Company)	ecords.)
The Articles of Organization for this Limited Liability (Company were filed on 07/10/2015	and assigned
Florida document number L15000119310	 ·	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	nited liability company here:	
The new name must be distinguishable and contain the words "Lin	nited 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 ADD	RESS)	
		2010 SEC
		AB ₹ T
Enter new mailing address, if applicable:		AAN SS
(Mailing address MAY BE A POST OFFICE BOX)		
		RAI S
B. If amending the registered agent and/or reging registered agent and/or the new registered office add		cords, enter the name of the ne
		,
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street a	ddress
		_, 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

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>	Type of Action
AMBR	GARNIER Olivier, Sr	PO BOX 926	
		St Petersburg, FL 33731	■ Remove
			□ Change
		 	Add
			☐ Remove
		 	☐ Change
			Add
			□ Remove
			☐ Change
			Add
			☐ Remove
			☐ Change
			Add
			□ Remove
			☐ Change
			
		 	☐ Remove
			Change

. If amending any other informati	on, enter change(s) here: (Attach addition	onal sheets, if necessary.)
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		TAGE SELECTION
		AND ENTRY
		SS
· · · · · · · · · · · · · · · · · · ·		PHID: 5
		59 10 _A
. Effective date, if other than the d	4/20/18	(ontional)
(If an effective date is listed, the date must	be specific and cannot be prior to date of filing or mock does not meet the applicable statutory filing	(optional) ore than 90 days after filing.) Pursuant to 605.0207 (2 g requirements, this date will not be listed as the
the record specifies a delayed) The 90th day after the reco		ime, at 12:01 a.m. on the earlier of:
Dated April 20th	2018	
	400 Ba	
	sabelie perc (May 7, 2018) ignature of a member or authorized representative	of a member
	-G	
Isabelle Peric		
	Typed or printed name of signee	· · · · · · · · · · · · · · · · · · ·

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Filing Fee: \$25.00