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SECRETARY OF STATE
AND ANALYSISS, TLORIDA

DEC 0 8 2015 S. YOUNG

COVER LETTER

TO:	Registration Se Division of Cor				
CUDU	COT.	A K M 54	125 LLC		
SUBJI	ECT:		nited Liability Company		
The en	closed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please	return all correspo	ndence concerning this matter	to the following:		
		CANDY BROWNLOW			
			Name of Person		
		JOHN P. MAAS, ATTOR	NEY AT LAW		
		 	Firm/Company		로 S 등
		44 NE 16 STREET			ECKI BONG
			Address		HAS LO
		HOMESTEAD, FL 33030)		STAR P
			City/State and Zip Code		PH 4: 19 EF STATE E, ELGINDA
		F.mail address:	to be used for future annual report noti	fication)	ATE 19
For fur	ther information co	oncerning this matter, please c	•	neation,	1
CANI	OY BROWNLOW		305 247-7132		
	Name o	f Person	at () Area Code Daytim	e Telephone Number	
Enclos	sed is a check for th	ne following amount:			
\$2	5.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified (e of Status &
	Registr Divisio P.O. Bo	ING ADDRESS: ation Section n of Corporations ox 6327 ssee, FL 32314	STREET/COURI Registration Section Division of Corpor Clifton Building 2661 Executive Ce Tallahassee, FL 32	on rations enter Circle	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	A K M	5425 LLC	
(Name of the Lim	ited Liability Comp (A Florida Limited	any as it now appears on our re- Liability Company)	cords.)
The Articles of Organization for this Limited I	Liability Company	y were filed on November 2	2, 2015 and assigned
Florida document number L15000186076			
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name	of the limited lial	bility company here:	
N/A			
The new name must be distinguishable and contain the	words "Limited Liab	ility Company," the designation "	LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if appli	icable:	N/A	
Principal office address MUST BE A STRE	ET ADDRESS)		= S 5
			EG
Enter new mailing address, if applicable:		N/A	SSS -7
• • • •	E POV		
(Mailing address MAY BE A POST OFFICE BOX)			
			<u> </u>
B. If amending the registered agent and	Vor registered s	office address on our room	ords anter the name of the n
registered agent and/or the new registered of			ords, enter the name of the n
		_	
Name of New Registered Agent:	N/A		
New Registered Office Address:	N/A		
		Enter Florida street aa	ldress
			, 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, <u>enter the title</u>, <u>name</u>, <u>and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR/AMBR	MD K PASHA	5425 WEST 20TH AVENUE	
		HIALEAH, FL 33012	□ Remove
			■ Change
MGR	MOHAMMAD A. ASHRAF	5425 WEST 20TH AVENUE	□ Add
		HIALEAH, FL 33012	■ Remove
			Schange
MGR/AMBR	ANITA AKTER	5425 WEST 20TH AVENUE	
		HIALEAH, FL 33012	Regiove T
			Change
			Add
			☐ Remove
			Change
			□ Add
			Remove
			☐ Change
			Add
			Remove
			☐ Change

Effective date, if other than the date of filing: ((If an effective date is listed, the date must be specific and cumon be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3 Note; If the date instreted 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. The 90th day after the record is filed. Dated December Of 2015 Signature of a member or authorized representative of a member		ending any other information, enter change(s) here: (Attach additional sheets, if neces	sury.)	
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Wamu Jasla.			m. on th	e earlier of
Wamu Jasla.	Dec. 1	December O/ 2015		
Signature of a member or authorized representative of a member	Dated	Kamru Casaa.		
		Signature of a member or authorized representative of a member		

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00