

LL5000196076

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STATE OF CALIF.  
DIVISION OF CORPORATION  
18 JUN 25 PM 12:07

N COOPER  
JUN 26 2018

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: A K M 5425 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:

Mohammad Mohsin

\_\_\_\_\_  
Name of Person

A K M 5425 LLC

\_\_\_\_\_  
Firm/Company

5425 West 20th Ave

\_\_\_\_\_  
Address

Hialeah, FL 33012

\_\_\_\_\_  
City/State and Zip Code

mirel.barcelo@corponefinancial.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Mohammad Mohsin

786

333-9285

at (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
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

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

A K M 5425 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 11/02/2015 and assigned  
Florida document number L15000186076.

This amendment is submitted to amend the following:

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

N/A

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:**

N/A

(Principal office address MUST BE A STREET ADDRESS)

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

N/A

(Mailing address MAY BE A POST OFFICE BOX)

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**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:

Mohammad Mohsin

New Registered Office Address:

5425 West 20th Ave

Enter Florida street address

Hialeah

City

Florida 33012

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>	<u>Type of Action</u>
MGR	MD K. Pasha	5425West 20th Ave	<input type="checkbox"/> Add
		Hialeah, FL 33012	<input checked="" type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MGR	Anita Akter	1230 NE 3rd Terr Apt 243	<input type="checkbox"/> Add
		Homestead, FL 33030	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MGR	Mohammad Shafiqul Islam	16725 SW 300 St	<input checked="" type="checkbox"/> Add
		Homestead, FL 33030	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Mohammad Mohsin	1230 NE 3rd Terr Apt 243	<input checked="" type="checkbox"/> Add
		Homestead, FL 33030	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

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E. Effective date, if other than the date of filing: 06/06/2018 (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 \_\_\_\_\_, \_\_\_\_\_

Signature of a member or authorized representative of a member

MD. KAMAL PASHA  
Typed or printed name of signee