

L160000 30898

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

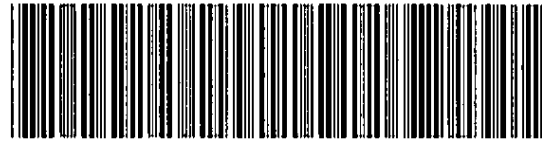
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

Y SULKER

JUL 01 2019

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: AKSONS GROUP 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:

AKBAR G MAWJI

Name of Person

AKSONS GROUP LLC

Firm/Company

3295 SAFE HARBOR LANE

Address

LAKE MARY, FL 32746

City/State and Zip Code

CHHAVI@KERMALICPA.COM

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

For further information concerning this matter, please call:

AKBAR G MAWJI

786 5424798

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**

AKSONS GROUP 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 02/12/2016 and assigned
Florida document number L16000030898.

This amendment is submitted to amend the following:

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

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)

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:

M KERMALI CPA PA

New Registered Office Address:

405 WAYMONT CT, STE 121

Enter Florida street address

LAKE MARY

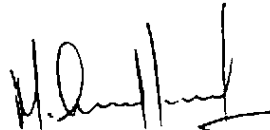
Florida 32746

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>	<u>Type of Action</u>
MGR	ALY A MAWJI	3295 SAFE HARBOR LANE LAKE MARY, FL 32746	<input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change
AMBR	AKBAR MAWJI	3295 SAFE HARBOR LANE LAKE MARY, FL 32746	<input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change
AMBR	KANIZBAI A MAWJI	3295 SAFE HARBOR LANE LAKE MARY, FL 32746	<input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change
			<input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change
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2019 JUN 20 AM 11:36
SPECIAL AGENT
TAMARA A. HARRIS

2019 JUN 20 PM 2
SECRETARY
TAM

FILED
2019 JUN 20 AM 7:36
SECRET
TAMM

(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)

(b) The 90th day after the record is filed.

Dated JUNE 13 2019

AKBAR MAWJI

Signature of a member or authorized representative of a member

AKBAR G MAWJI

Typed or printed name of signee