Florida Department of State vision of Cofferations

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To:

Division of Corporations

Fax Number

Fax Number : (850)617-6383

From:

Account Name : GASSMAN, CROTTY & DENICOLO, P.A.

Account Number: 075350000514 : (727)442-1200 Phone : (727)443-5829

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

Email	Address:	 	

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

AKZG, LLC

Certificate of Status	0
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Page Count	03
Estimated Charge	\$25.00

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Corporate Filing Menu

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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

<b>V</b> •	
AKZG, LLC	
(Name of the Limited Liability Company as it now app. (A Florida Limited Liability Company)	ears on our record <u>s.</u> ) /)
of Organization for this Limited Liability Company were filed on	05/20/2016 and ass

(Mailing address MAY BE A POST OFFICE	CLEARWATER, F	L 33756
Enter new mailing address, if applicable:	1245 COURT STR	EET
(Principal office address MUST BE A STREE		
Enter new principal offices address, if applic		· 77 0
The new name must be distinguishable and contain the v	words "Limited Liability Company," the design	
A. If amending name, enter the new name o	f the limited liability company here:	
This amendment is submitted to amend the following	owing:	WASS
Florida document number L16000099141	·	ALLAN ALLAN
*	iability Company were filed on 05/20/2	<u>&gt;</u>

## 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 und 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.

05/20/2020 4:19PM FAX

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from any according to the control of the control o or removed from our records:

MGR = Manager AMBR = Authorized Member

Title	<u>Name</u>	Address	Type of Action
AMBR	JESSICA WEINTRAUB	1245 COURT STREET	
		CLEARWATER, FL 33756	□Remove
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n effective date is listed, the date must be specifi- <u>site:</u> If the date inserted in this block does in cument's effective date on the Department	not meet the appi	icable statutor	y filing require	ements, this	date wil	I not be listed
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ecord specifies a delayed effective date, bu	t not an effective	time, at 12:0	a.m. on the e	ulicr of: (b)	The 90	th day after t
is filed.						
MAY 20	2020					
ited	101	<u></u>				

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