

L16000109594

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(Business Entity Name)

(Document Number)

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JUL 20 2016
CLERK OF STATE
TALLAHASSEE, FLORIDA

S Warren

JUL 21 2016

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: AVIKAM ENTERPRISES 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:

FIDELE AMAKON
Name of Person

AVIKAM ENTERPRISES LLC
Firm/Company

1451 W LYPPRESS CREEK ROAD # 300
Address

FT LAUDERDALE, FL 33309
City/State and Zip Code

NOKAMENTERPRISE@GMAIL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

FIDELE AMAKON at (754) 218-5282
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

TO
ARTICLES OF ORGANIZATION
OF

AVIKAM ENTERPRISES 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 JUNE 6 2016 and assigned
Florida document number L16000109594

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)

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JUN 10 2016
CLERK OF STATE
TALLAHASSEE, FLORIDA

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: _____

New Registered Office Address: _____

Enter Florida street address

_____, 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

MGR = Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	FIDELE AMAKON	1451 W CYPRESS CREEK RD	Add ☒
		FT LAUDERDALE, FL 33309	Remove ☐
			Change ☐
MGR AMBR	YVES AMAKON	1451 W CYPRESS CREEK RD	Add ☒
		Fort Lauderdale, FL	Remove ☐
		33309	Change ☐
			Add ☐
			Remove ☐
			Change ☐
			Add ☐
			Remove ☐
			Change ☐
			Add ☐
			Remove ☐
			Change ☐
			Add ☐
			Remove ☐
			Change ☐
			Add ☐
			Remove ☐
			Change ☐

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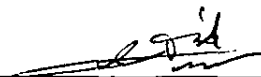
E. Effective date, if other than the date of filing: _____ (optional)

(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 JUNE 18, 2016.



Signature of a member or authorized representative of a member

FIDELE AMAKON

Typed or printed name of signee

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TALLAHASSEE, FLORIDA