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(Cit	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificate	s of Status
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SECRETARY OF STATE
TALLAHASSEE FI (1916).

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COVER LETTER

TO: Registration Sec Division of Corp		·				
SUBJECT:	AK 12 L					
	Name of Lim	ited Liability Company				
The enclosed Articles of A	mendment and fee(s) are sub-	mitted for filing.				
Please return all correspon	dence concerning this matter	to the following:				
	Wen	2 heng				
		Name of Person				
		Firm/Company				
	1345 Sie	PYVA CIVOR Address				
	KiSimmer	FC34744				
	B36SFC60	City/State and Zip Code 9 Ma// (OM to be used for future annual report notific	ation)	SECRE TALLAP	16 ≥	—
For further information co	ncerning this matter, please ca	-		TASS!	L 27	
wen zho	PN9	at (321) 948 69	90	OF STA	黑尖	
Name of	Person	Area Code Daytime	Telephone Number	E H	44	
Enclosed is a check for the	e following amount:					
\$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Fili Certificate Certified ((additional c	of Status Copy		

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

AK & Z 1L	C
Name of the Limited Liability C	ompany as it now appears on our records.) nited Liability Company)
The Articles of Organization for this Limited Liability Comp Florida document number 4600019152	6/20/1/
inis 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 ADDRES.	<u>S)</u>
Enter new mailing address, if applicable:	SE CHE TO
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered registered agent and/or the new registered office address	ed office address on our records, enter the name of the new
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

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>	Address	Type of Action
MGR	Wen 2heng	13455 jerracijede KSSimmel, FL34764	Add
		Kissimmel, FL 34764	☐ Remove
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f amending any other information, enter change(s) nete. (Attach daditional sheets, if hecessary.)	
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ffective date, if other than the date of filing:	(optional)	
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 applicable statutory filing requirements, this date will not be listed	
e record specifies a delayed effective date, b The 90th day after the record is filed.	out not an effective time, at 12:01 a.m. on the earlie	er
7/22/16		
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Ciarlotura actual to	or authorized representative of a member	
	or andronzed representative of a memoer	
wen then	or printed name of signee	

Page 3 of 3

Filing Fee: \$25.00