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JAN 1 8 2017 S. YOUNG

TALLIAHASSEE FRORIDA

# **COVER LETTER**

TO: Registration Sect Division of Corpo				
SUBJECT: The	AKB A PARAMETER Name of Limit	ed Liability Company	Gap	LIC.
The enclosed Articles of A	mendment and fee(s) are subn	nitted for filing.		
Please return all correspond	dence concerning this matter t	o the following:		
	_Aaron	Brough ton Name of Pelson		
	AKB APE	Consulting Firm/Company	9	
	1841 Ra	Iman Steel-	<u> </u>	ي د نشو
	Hollywood	FL 330 City/State and Zip Code	20	SECRETARY OF FLORIDA
	aaron k bro E-mail address: (t	o be used for future annual report notific	imail. com	I SSEE
For further information con	ncerning this matter, please ca	11:		FLOG
Aarch B	rwghton Person O	at (754) 581 Area Code Daytime	- 7605 Telephone Number	.08
Enclosed is a check for the	e 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 Statu Certified Copy (additional copy is encl	

### 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

THE AKB APEX (Name of the Limited Liability Control (A Florida Line)	Consulting Group, LLC.  Company as it now appears on our records.  mited Liability Company
The Articles of Organization for this Limited Liability Com Florida document number <u>L1700000 4423</u> .	npany were filed on 1 05 2017 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited	d liability company here:
The new name must be distinguishable and contain the words "Limited	1 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	SS)
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	JAN 17 IM 8: 08
B. If amending the registered agent and/or register registered agent and/or the new registered office addres	red office address on our records, enter the name of the new ss 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

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

Title	<u>Name</u>	Address	Type of Action
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	ote: If th	e date inserted in	this block does not	meet the applicab	date of filing or more le statutory filing	(option te than 90 days after fil requirements, this d	al) ling.) Pursuant to 605.02	0
					an effective tir	me, at 12:01 a.r	n. on the earlier	of
record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of The 90th day after the record is filed.	ated O	anuary	10th	, 2017	· /	1-		
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Filing Fee: \$25.00