117000093585

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SECRETARY OF STATE
FALLAHASSEE FLORIDA

J. HARRIS

COVER LETTER

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	istration Se sion of Cor		,	
SUBJECT:	A.K INVES	STMENTS USA GROUP LLC	;	
SUBJECT.		Name of Lim	ited Liability Company	
The enclosed	Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return	all correspon	ndence concerning this matter	to the following:	
		DANY ABRAHAM		
			Name of Person	
		KSDT & COMPANY		
		-	Firm/Company	
		1625 N COMMERCE PK	WY SUITE 315	
			Address	
		WESTON, FL, 33326		
			City/State and Zip Code	
		DABRAHAM@KSDT-CP.		
		E-mail address: (to be used for future annual report notif	ication)
For further in	formation co	oncerning this matter, please ca	all:	
DANY ABR	АНАМ		305 670-3370	
	Name of	Person		e Telephone Number
Enclosed is a	check for th	e following amount:		
■ \$25.00 Fi	ling Fec	□ \$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 ARTICLES OF ORGANIZATION OF

A.K INVESTMENTS USA 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 4-27-2017 Florida document number <u>L17000093585</u> 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 "LLC." 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: New Registered Office Address: Enter Florida street address

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.

City

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person</u> <u>being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	AVIRAM KOCH	1625 N COMMERCE PKWY	
		SUITE 315	☐ Remove
		WESTON, FL 33326	Change
			Add
			Remove
			Change
			□ Remove
			Change
			🗖 Add
			Remove
			SSEE FLORIDA SSEE FLORIDA
			Change
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cament's effective date on the	Department of	State 3 records.				
			an effective t	ime, at 12:01	a.m. on the ea	arlier of
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record specifies a delay The 90th day after the r MAY-11 MAY-11 KOBI KAIKOV	Signature of a	, 2017) member of patho	 rized representative	of a member	SECRETARY OF TALLAHASSEE FI	-

Page 3 of 3

Filing Fee: \$25.00