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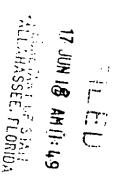
(Requestor's Name)
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(Business Entity Name)
(Document Number)
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COVER LETTER

FO: Registration Se Division of Cor			
A K Robert			
SUBJECT:	Name of Limi	ited Liability Company	
	Amendment and fee(s) are submidence concerning this matter		
	Aston McKenzie		
		Name of Person	
	A K Roberts LLC		
		Firm/Company	
	1189 NW 44 Avenue		
		Address	
	Lauderhill, Florida 33313		
		City/State and Zip Code	
	notsasrenaissance@gmail.co	om to be used for future annual report notif	
For further information c	n-man address; (concerning this matter, please ca		(Canon)
Aston McKenzie		954 292-4400 at ()	
Name o	r Person	at () Area Code Daytime	: Telephone Number
Enclosed is a check for t	he 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

A K Roberts LLC								
(<u>Name of the Limited Liability Compa</u> (A Florida Limited!	ny as it now appears on our records.) Jability Company)							
The Articles of Organization for this Limited Liability Company Florida document number L17000106958	were filed on 05/15/2017 and assigned							
This amendment is submitted to amend the following:								
A. If amending name, enter the new name of the limited liab	ility company here:							
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" or the abbreviation "L.L.C."							
Enter new principal offices address, if applicable:	1189 NW 44 Avenue							
(Principal office address MUST BE A STREET ADDRESS)	Lauderhill Florida 33313							
Enter new mailing address, if applicable:								
(Mailing address MAY BE A POST OFFICE BOX)								
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here. Name of New Registered Agent: New Registered Office Address:	Enter Florid street address							
	Enter Floria 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.

Cuv

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
VPD	Kelly Roberts	1189 NW 44 Avenue.	■ Add
		Lauderhill FL 33313	☐ Remove
			Change
			□ Add
			□ Remove
			☐ Change
			Remove
			□ Change
			TALLAHASSRE, FLORIDA
			HASSEE FLORIU
			6 6 6 6 6 6 6 6 6 6
			□ Remove
			☐ Change
			Add
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rument's erre	ctive date on the Do	даниси от г	State 8 feet	uus.						
record spe	ecifies a delayed	l effective α	date, but	not an e	effective	time, at	12:01 a.	m. on t	he ea	rlier
he 90th da	ay after the reco	ord is filed.								
luos 26			2017							
, June 20										

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00