# L17000145214

(Re	equestor's Name)	
(Ac	ddress)	
(Ac	ddress)	
(C)	ty/State/Zip/Phone	<del>= #)</del>
PICK-UP	MAIT	MAIL
(Bu	usiness Entity Nan	пе)
(De	ocument Number)	<del></del> .
Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	
		1

Office Use Only



600301066496

0718412--01021--017 \*\*25.00

17 JUL 10 AM II: 49

3.7.1

## COVER LETTER

Division of Corporations
SUBJECT: AKON EVHAUSICSES, 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:
James of Person
FINDON ENTHUSIASTS; LLC
233 CWPEX In
City/Statesand Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
JAMES DUVALLA at (LIO) LIA - Uta Cita Daytime Telephone Number
Inclosed is a check for the following amount:
S25.00 Filing Fee S25.00 Filin

#### MAILING ADDRESS:

TO:

Registration Section

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 Articles of Organization for this Limited Liability Company were filed on Florida document number L17000145214. 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 City

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 Type of Action <u>Title</u> <u>Name</u> Address MGR Alyssa Duvall 238 Course in lakehalana and \_□ Change ☐ Remove □ Change □ Add ☐ Remove ☐ Change □ Add ☐ Remove ☐ Change □ Add □ Remove ☐ Change

	_
	_
	<del>-</del>
	<del>-</del>
	<del></del>
-	
	_
	<u>-</u>
55.7 Cm.	
	- (
FLORID	•
 	<b>-</b>
	_
	<del>-</del>
	_

Page 3 of 3

Filing Fee: \$25.00