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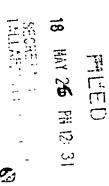
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O SIMMONS MAY 25 2018

## **COVER LETTER**

	istration Se ision of Cor			
SUBJECT:	AKG UNIT	ED LLC		
SUBJECT.		Name of Lim	ited Liability Company	
The enclosed	Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return	all correspo	ndence concerning this matter	to the following:	
		Gado E Dutreuil		
		<u></u>	Name of Person	
		AKG UNITED LLC		
			Firm/Company	
		3765 Milrun Ct		
		· · · · · · · · · · · · · · · · · · ·	Address	
		Greenacres FL 33463		
			City/State and Zip Code	
		akgunitedllc@gmail.com E-mail address: (	to be used for future annual report notif	ication)
For further in	nformation c	oncerning this matter, please c	all:	
Gado E Dutr	reuil		561 229-7295 at ()	
	Name o	f Person	Area Code Daytime	Telephone Number
Enclosed is a	check for th	ne following amount:		
\$25.00 F	iling 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

AKG UNITED LLC			
(Name of the Limit	ed Liability Compa (A Florida Limited l	ny as it now appears on our re Liability Company)	cords.)
The Articles of Organization for this Limited L. Florida document number L18000090252	iability Company	were filed on 04/10/2018	and assigned
This amendment is submitted to amend the foll	owing:		
A. If amending name, enter the new name o	f the limited liab	ility company here:	
The new name must be distinguishable and contain the v	vords "Limited Liabi	lity Company," the designation	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applic	able:	3765 Milrun ct	
Principal office address MUST BE A STREE		Greenacres FL 33463	一般更是
Enter new mailing address, if applicable:			2
Mailing address MAY BE A POST OFFICE	BOX)		<u> </u>
			. •
B. If amending the registered agent and registered agent and/or the new registered o			ords, enter the name of the ne
Name of New Registered Agent:	Gado E Dutreu	iil	
New Registered Office Address:	3765 Milrun C	t	
New Registered Office Address.	<del></del>	Enter Florida street a	ddress
	Greenacres		. Florida 33463
		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
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		Greenacres , FL 33463	Remove
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			Change T
			Charge Charge
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reflective 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 605.020 tee: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a cument's effective date on the Department of State's records.  The 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.  The specifies and the specifies and the specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.020 to date of filing or more than 90 days after filing.) Pursuant to 605.020 to date of filing or more than 90 days after filing.) Pursuant to 605.020 to date of filing or more than 90 days after filing.) Pursuant to 605.020 to date of filing or more than 90 days after filing.) Pursuant to 605.020 to date of filing or more than 90 days after filing.) Pursuant to 605.020 to date of filing or more than 90 days after filing.) Pursuant to 605.020 to date of filing or more than 90 days after filing.) Pursuant to 605.020 to date of filing or more than 90 days after filing.) Pursuant to 605.020 to date of filing or more than 90 days after filing.) Pursuant to 605.020 to date of filing or more than 90 days after filing.) Pursuant to 605.020 to date of filing or more than 90 days after filing.) Pursuant to 605.020 to date of filing or more than 90 days after filing.) Pursuant to 605.020 to date of filing or more than 90 days after filing.) Pursuant to 605.020 to date of filing or more than 90 days after filing.) Pursuant to 605.020 to date of filing or more filing or more than 90 days after filing.) Pursuant to 605.020 to date of filing or more f						<del></del>
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adol commit	record specifies The 90th day aft	,	•			
Signature of a member or authorized representative of a member	The 90th day aft	,	' <u>2018</u>	, 		
	The 90th day aft	,	2018			

Page 3 of 3

Filing Fee: \$25.00