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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	of Status
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COVER LETTER

TO: Registration So Division of Cou	ection rporations		S
Amani, L.I	C.		
SUBJECT:	Name of Lin	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Frederick A. Andrew III		
		Name of Person	
		Firm/Company	
	507 Center Point Road		
		Address	· · · · · · · · · · · · · · · · · · ·
	Valrico. FL 33594		
		City/State and Zip Code	
	faandrew3@gmail.com	to be used for future annual report noti	fication)
For further information c	concerning this matter, please c		
Frederick A. Andrew III		813 600-8232 at ()	
Name o	of Person	Area Code Daytim	e 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 S		Street Address: Registration Sec	ction
Division of C	Corporations	Division of Cor	porations
P.O. Box 632	27	The Centre of T	allahassee

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

AMANI, L.L.C	
(Name of the Limited Liability Company as it now (A Florida Limited Liability Com	appears on our records.)
he Articles of Organization for this Limited Liability Company were filed or	on $\frac{04/27/2018}{}$ and assigne
lorida document number L18000106303	
his amendment is submitted to amend the following:	•
. If amending name, enter the new name of the limited liability compa	ny here:
opek, LLC	
he new name must be distinguishable and contain the words "Limited Liability Company,	"the designation "LLC" or the abbreviation "L.L.C."
entury normalization of flags undergos if applicables	
nter new principal offices address, if applicable:	هم در
Principal office address MUST BE A STREET ADDRESS)	
	JU.1.29
nter new mailing address, if applicable:	• •
Mailing address MAY BE A POST OFFICE BOX)	
Taking address 1911 1921 11 Oct 1911 10 D 1991	· -
. If amending the registered agent and/or registered office address on each and/or the new registered office address here:	our records, <u>enter the name of the new re</u> g
Name of New Registered Agent:	
New Registered Office Address:	
Ent	er 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

<u>Title</u>	<u>Name</u>	Address	Type of Action
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			□Remove
			□Change
			□Add
			□Remove
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ective date, if other than the date of	filing		(on	tional)	
n effective date is listed, the date must be specif	fic and cannot be prior	to date of filing or r	nore than 90 days aft	er filing.) Pur	suant to 605.02
te: If the date inserted in this block does cument's effective date on the Departmen		ible statutory film	ig requirements, ti	ns date will	not be listed:
ecord specifies a delayed effective date, by	at not an effective tir	me, at 12:01 a.m.	on the earlier of:	(b) The 90	th day after th
s filed.					
ted June 21	2021				
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udelle K Signature	of a member or autho				

Filing Fee: \$25.00