

L18000130836

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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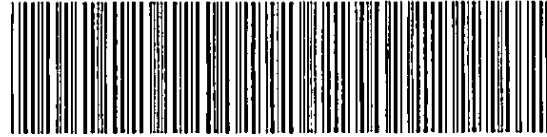
(Business Entity Name)

(Document Number)

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115 N CALHOUN ST., STE. 4
TALLAHASSEE, FL 32301
P: 866.625.0838
F: 866.625.0839
COGENCYGLOBAL.COM

Account#: 120000000088

Date: 06/18/2020

Name: Chris Vick

Reference #: 1232826

Entity Name: LAKIM LLC

☐ Articles of Incorporation/Authorization to Transact Business

☒ Amendment

☐ Change of Agent

☐ Reinstatement

☐ Conversion

☐ Merger

☐ Dissolution/Withdrawal

☐ Fictitious Name

☐ Other _____

Authorized Amount: \$25.00

Signature: [Signature]

• CORPORATE HQ
COGENCY GLOBAL INC.
10 E 40TH ST, 10TH FL
NY, NY 10016
D: +1.212.947.7200
P: 800.221.0102
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• EUROPEAN HQ
COGENCY GLOBAL (UK) LIMITED
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REGISTRY #301977
6 LLOYDS AVE, UNIT 4CL
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• ASIA PACIFIC HQ
COGENCY GLOBAL (HK) LIMITED
A HONG KONG LIMITED COMPANY
UNIT B, 1/F, LIPPO LEIGHTON TOWER
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P: 866.625.0838
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Account#: I20000000088

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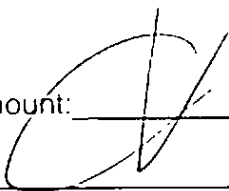
☐ Merger

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**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

LAKIM LLC

(Name of the Limited Liability Company as it now appears on our records,
or Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 05/24/2018 and assigned
Florida document number 118000130836.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Any 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)

2018 JUN 13 AM 7:18
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TALLAHASSEE, FLORIDA

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:

Cogeney Global Inc

New Registered Office Address:

115 North Calhoun Street, Suite 4

Enter Florida street address

Tallahassee

Florida 32301

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.

/s/ Eric Hood, Assistant Secretary

If Changing Registered Agent, Signature of New Registered Agent

2018 JUN 13

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

MGIR = Manager
 AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
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			☐ Change

SECRETARY OF STATE
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☐ Remove

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TALLAHASSEE, FLORIDA

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TALLAHASSEE, FLORIDA

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated June 5, 2020

Signature of a member or authorized representative of a member

Laura Kingston Musso

Typed or printed name of signer

Filing Fee: \$25.00