## 118000143606

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STORY OF THE STORY

## **COVER LETTER**

Division of Cor	porations					
	AL ESTATE INVESTMENTS.	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	ondence concerning this matter	to the following:				
	Andrew Katzman					
		Name of Person				
		Firm/Company				
	217 N Westmonte Dr. Ste.	1005				
		Address				
	Altamonte Springs, FL 32	714				
	amkatzman@gmail.com	City/State and Zip Code		Ę.,	2019	
	E-mail address: (	to be used for future annual report notific	cation)		<u>دے</u>	
For further information of	concerning this matter, please co	all:		2:::: 3:::::		G. 722
Andrew Katzman		407 230-2126 at ( )		· ·		1 []
Name o	of Person		Telephone Number	 :	PH 4: 3	•
Enclosed is a check for t	he following amount:					
■ \$25.00 Filing Fee	S30.00 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:

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

AKER REAL ESTATE INVESTEMENTS, I	LLC	
( <u>Name of the Limited Liability</u> (A Florida	ry Company as it now appears on our records.) Limited Liability Company)	<del></del>
The Articles of Organization for this Limited Liability C	ompany were filed on June 11, 2018	and assigned
Florida document number L18000143606		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limi	ited liability company here:	
The new name must be distinguishable and contain the words "Lim	ited Liability Company," the designation "LLC" or the abb	reviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDR	RESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
	_	
B. If amending the registered agent and/or registered agent and/or the new registered office add		he name of the new
Name of New Registered Agent:		2019
New Registered Office Address:		يما سي -:
They registered office riduces.	Enter Florida street address	
	. Florida	
<del></del>	City:	Zip Code TO
New Registered Agent's Signature, if changing Registered	d Agent:	
	and agree to act in this capacity. I further agr	

If Changing Registered Agent, Signature of New Registered Agent

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

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Erin B Katzman	1015 Nottingham St	
		Orlando, FL 32803	
			■ Remove
			☐ Change
			Add
			□ Remove
			□ Change
		-	☐ Add
			□ Remove
			□ Change 2
			□ Change
			□ Remove
			□ Change CO
			☐ Remove
			Change
•——			
			□ Remove

\_□ Change

If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
	<del></del>
	_ <del></del>
<del></del>	2019 JAN
	JAN - 2
	PH 4: 3
December 1, 2018	
If fective date, if other than the date of filing:	to 605.0207 (3)(b) to listed as the
e record specifies a delayed effective date, but not an effective time, at $12:01$ a.m. on the $\epsilon$ The 90th day after the record is filed.	earlier of:
Dated December 27 . 2018	
Signature of a member or authorized representative of a member	
Andrew Katzman	
Typed or printed name of signee	

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Filing Fee: \$25.00