L18000159082

(Re	questor's Name)	
(Ad	dress)	
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(Ad	dress)	
(Cit	y/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
	<u> </u>	
(Bu	isiness Entity Name	e)
(Do	ocument Number)	
Certified Copies	Certificates of	of Status
Special Instructions to	Filing Officer:	

Office Use Only



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JAN 27 2025 D CUSHING FLORIDA CAPITAL COURIER SERVICES, INC 2330 CLARE DRIVE TALLAHASSEE, FL 32309 (850) 524-54372 (850) 524-6243

Please use funds from the account 1202 <u>Authorization Signature</u>	
The Akatsuki Organization LLC. L18000 Business #	0159082 fDocument
Walk in X Certified Copies of the articlesX Certificate of Status	Will wait
<u>NEW FILINGS</u>	<u>AMENDMENTS</u>
Profit Not for Profit LLC Domestication INC CORP OTHER	X Amendment Resignation of R.A Change of Registered Agent Revocation of Dissolution Conversion Statement of Authority Merger Amended and Restated Articles
OTHER FILINGS	REGISTRATION/QUALIFICATIONS
TRANSMITTAL LETTERFictitious Name	Foreign Filing Partnership Reinstatement
Statement of Authority APOSTIL	Statement of CORRECTION Domestication of a Foreign Corp.
COUNTRY EXAMINER'S INITIALS:	Other

TALLAHASSEE, FL 32309 (850) 524-54372 (850) 524-6243 Please use funds from the account | I20210000160: _\$60.00 Authorization Signature The Akatsuki Organization LLC. L18000159082 Business #Document Walk in Will wait Certified Copies of the articles Certificate of Status **AMENDMENTS NEW FILINGS** Profit X Amendment ___Resignation of R.A. Not for Profit __LLC ____ Change of Registered Agent ____ Revocation of Dissolution Domestication ____ Conversion INC ___ Statement of Authority | i CORP **OTHER** Merger Amended and Restated Articles **OTHER FILINGS** REGISTRATION/QUALIFICATIONS TRANSMITTAL LETTER __ Foreign Filing Partnership Fictitious Name Reinstatement Statement of CORRECTION Statement of Authority Domestication of a Foreign Corp. ___ APOSTIL __ COUNTRY Other

FLORIDA CAPITAL COURIER SERVICES, INC

EXAMINER'S INITIALS:

2330 CLARE DRIVE

COVER LETTER

TO: Registration S Division of Co			
SUBJECT: The	AMATSUM, ORGAN Name of Lin	Nization LCC nited Liability Company	
The enclosed Articles o	of Amendment and fee(s) are sub	bmitted for filing.	
Please return all corresp	oondence concerning this matter	r to the following:	
	<u>M</u>	ichau Banks Name of Person	
	THE BHATSUK	Firm/Company	UC
		-Street South	
	St. Peters	burg, Florida 35 City/State and Zip Code	3705
	Michael 6 +	teakatsuk jorganiza	Honlk. Gom
For further information	concerning this matter, please c		-11
Michael &	San HS of Person		- 7803
Enclosed is a check for t	the following amount:		
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address:
Registration Section
Division of Corporations
P.O. Box 6327 Tallahassee, FL 32314

Street Address:
Registration Section
Division of Corporations
The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ANATSUNI ORGANIZATION LLC

Liability Company)	
were filed on Jne 29,201	and assigned
ility company here:	
lity Company," the designation "LLC" or the	ne abbreviation "L.L.C."
2000 Apt Street &	outh
St. Petersburg, Fla	orida
33705	***
22298th Street	South
St. Petersburg, 1-10	orida"
33 105	25 25
address on our records, <u>enter the n</u>	ame of the new registered
Futar Florida street address	
, Florida	Zip Code
	were filed on Jone 29,201 were filed on Jone 29,201 willity company here: lity Company," the designation "LLC" or the 2009 8th Street Street Street address address Florida street address Florida. Enter Florida street address Florida.

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 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>	Name	Address	Type of Action
			□Add
			□Remove
			□Change
			□Add
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lf an effec <u>Note:</u> I f	ve date, if other than the date of filing:	5.0207 ted as 1
e record rd is filed	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after d.	er the
Dated _	January 22 . 7025	
	Signature of a member or authorized representative of a member	

ET CASA