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(Re	equestor's Name)	_
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(Cit	ty/State/Zip/Phone	<i>;</i> #)
PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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COVER LETTER

TO:	Registration Se Division of Cor				
CUBTE		ULTING GROUP, LLC			
SUBJE	CI:	Name of Lir	nited Liability Company		
The enc	losed Articles of	Amendment and fee(s) are sul	bmitted for filing.		
Please r	eturn all correspo	ndence concerning this matter	r to the following:		
		Paul Cipparone, Esquire			
			Name of Person		
		Cipparone & Cipparone, I	PA .		
			Firm/Company		
	1525 International Parkway, Ste. 103				
			Address		
		Lake Mary, FL 32746			
			City/State and Zip Code		
		pcipparone@cipparonepa.c	om (to be used for future annual report notification)	 ; 😖	
For furth	ner information ed	oncerning this matter, please o	•	SURE STALL	
Paul Cir	pparone, Esquire		321 275-5914 at ()	6 T	
-	Name of	Person	Area Code Daytime Telepho	2 2 00	
Enclosed	i is a check for th	e following amount:		ယ ထ	
■ \$2 5.	00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & ☐ Certified Copy (additional copy is enclosed)	S60.00 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 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

AIK CONSULTING GROUP, LLC

(Name of the Lin	nited Liability Company as it now appears of (A Florida Limited Liability Company)	n our records.)	
The Articles of Organization for this Limited Florida document number 1.18000202590	Liability Company were filed on Augu	st 23, 2018	and assigned
This amendment is submitted to amend the fo	ollowing:		
A. If amending name, enter the new name	of the limited liability company here	<i>:</i>	
The new name must be distinguishable and contain the	words "Limited Liability Company," the design	gnation "LLC" or the ab	breviation "L.L.C."
Enter new principal offices address, if appl	icable:		
(Principal office address MUST BE A STRE	EET ADDRESS)		
			
Enter new mailing address, if applicable:		<u> </u>	
Mailing address MAY BE A POST OFFICE	<u></u>		
		<u> </u>	797
			三名 2 7
 If amending the registered agent and/or gent and/or the new registered office addr 	registered office address on our reco	ords, enter the nam	e of the new registe
gent and of the new registered office addr	uss ucre.		
Name of New Registered Agent:			3 E
Name of New Registered Agent:			<u> </u>
New Registered Office Address:	195 International Parkway, Suite 103		39
	Enter Florida	street address	
	Lake Mary	, Florida <u></u>	
	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
MGR	Kashif Shaikh	195 International Parkway, Ste. 103	□Add
		Lake Mary, FL 32746	□Remove
			= Change
MGR	Ahsan Shaikh	195 International Parkway, Ste. 103	
		Lake Mary, FL 32746	□Remove
			🗏 Change
			□Add
			No Paris
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ocument's effective date or	n the Department of	f State's records.				
record specifies a delayed o	effective data. but m	at an effective time	12.01	<u> </u>	/L) TL . DO.L	A .
is filed.	rifective date, but it	or an effective time	s, at 12;01 a.m. o	n the earner of:	(b) The 90th	i day aner t
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Filing Fee: \$25.00