

L18000 242872

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

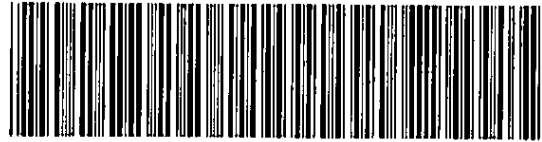
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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
19 SEP 30 PM 3:18

Name Change

SEP 01 2015

D CUSHING

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: AKA Custom Designs LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Ashley N. Evins
Name of Person

Firm/Company

P.O. box 551379
Address

Orlando, FL 32855
City/State and Zip Code

Aevins22@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Ashley N. Evins at (407) 219-6811
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the 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 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

19 SEP 30 PM 3:18

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

Friday, September 20, 2019 10:01 AM

Subject:

Re: AKA Custom Designs LLC

EMAIL RECEIVED FROM EXTERNAL SOURCE

Good morning! Sorry for the late reply. Yes please hold it and if they do not file you can file the change. I really do appreciate you and your time.

Thank you,

Ashley Evins

On Tue, Sep 17, 2019, 10:05 AM Cushing, Diane

Good Morning Ms. Evins

I have the name change amendment that was submitted to our office. I am sorry to say that I cannot file the name change because the name is not available. We currently have a Florida entity by the name of AKA Consulting Group, LLC that at the moment is dissolved for failing to file its annual report for the year 2018. We have to hold the name for one year and that year will be up on the 28th of this month. Would you like for me to hold the document until then and if they **do not file a reinstatement** to activate the company, I will again file your name change on Sept. 30th which is the first work day to be able to file it.

If you wish to pick another name please let me know and I will check to see if it is available and make the correction on your current application.

Diane C. Cushing

Senior Section Administrator

Amendment Section

Division of Corporations

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

AKA Custom Designs LLC

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

19 SEP 30 PM 3:18
SECRETARY OF STATE
DIVISION OF CORPORATIONS

The Articles of Organization for this Limited Liability Company were filed on 10-15-18 and assigned

Florida document number L18000242872.

This amendment is submitted to amend the following:

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

AKA Consulting Group LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

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)

P.O. Box 551379
Orlando FL 32855

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:

New Registered Office Address:

Enter 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>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	☐ Add
		_____	☐ Remove
		_____	☐ Change
_____	_____	_____	☐ Add
		_____	☐ Remove
		_____	☐ Change
_____	_____	_____	☐ Add
		_____	☐ Remove
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		_____	☐ Change
_____	_____	_____	☐ Add
		_____	☐ Remove
		_____	☐ Change

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

E. Effective date, if other than the date of filing: 8-26-2019 (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

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.

(b) The 90th day after the record is filed.

Dated

Asmeey Ezer
Signature of a member or authorized representative of a member

Signature of a member or authorized representative of a member

Ashley N. Evans
Typed or printed name of signee

Typed or printed name of signee