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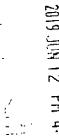
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

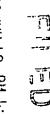
Office Use Only



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COVER LETTER

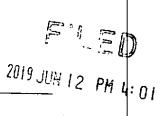
		istration Sec sion of Corp		-	
SURJEC	`'I''.	AHAKA Inv	restments LLC		
5077020	-••	<u>. </u>		nited Liability Company	
The enclo	osed	Articles of A	omendment and fee(s) are sub	omitted for filing.	
Please re	turn	all correspon	dence concerning this matter	to the following:	
			Albanis Perez Acosta		
				Name of Person	
			AHAKA Investments LLC		
				Firm/Company	
			111 E Monument Ave, Su	ite 510	
				Address	
			Kissimmee, FL, 34741		
City/State and Zip Code					
			a.perezacosta@goldsgympt		
			E-mail address: (to be used for future annual report notif	ication)
For furthe	er inf	ormation cor	ocerning this matter, please ca	all:	
Albanis A	Acosi			at (786) 6/0 Area Code Daytime	9//3
		Name of F	erson	Area Code Daytime	Telephone Number
Enclosed i	is a c	heck for the	following amount:		
\$25.00	0 Fil:	ng 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



AHAKA Investments LLC

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

The Articles of Organization for this Limited Liability Co Florida document number <u>L19000080552</u>	ompany were filed on March 22nd 2019	and assigned				
This amendment is submitted to amend the following:						
A. If amending name, enter the new name of the limit	ted liability company here:					
The new name must be distinguishable and contain the words "Limit	ted Liability Company," the designation "LLC" or the a	bbreviation "L.L.C."				
Enter new principal offices address, if applicable:						
(Principal office address MUST BE A STREET ADDRE	ESS)					
						
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 addresses	ered office address on our records, <u>enter</u> ess here:	the name of the new				
Name of New Registered Agent:	-					
New Registered Office Address:						
	Enter Florida street address					
	Florida	Zip Code				
	Cuy	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

Type of Action	MGR = Manager AMBR = Authorized Member						
Remove R	<u>Title</u>	<u>Name</u>	Address	Type of Action			
Change Add Remove Add Remove Add Remove Change Add Remove Add Remove Add Add Add Add Add Add	MGR	Albanis Perez Acosta	111 E Monument Ave, Suite 510, Kissimmee, FL, 34741				
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(If an effec	e date, if other than the date of filing: (optional) tive 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 the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as	(3)(b
	it's effective date on the Department of State's records.	uie
(b) The 9	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of 0th day after the record is filed.	:
Dated _	6/7/2019 ·	
	// <i>(MSPT</i>	
	Signature of a member or authorized representative of a member	
	Albanis Perez Acosta	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00