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(Address)

(Address)

(City/State/Zip/Phone #)

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FILED

C. GOLDEN

JUN 25 2019

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: AHAKA Investments 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:

Albanis Perez Acosta

Name of Person

AHAKA Investments LLC

Firm/Company

111 E Monument Ave, Suite 510

Address

Kissimmee, FL, 34741

City/State and Zip Code

a.perezacosta@goldsgymptopta.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Albanis Acosta

Name of Person

at (786)

Area Code

610 9113

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

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assigned

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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>
MGR	Albanis Perez Acosta	111 E Monument Ave, Suite 510, Kissimmee, FL, 34741	<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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[illegible]

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.

Dated 6/7/2019

Typed or printed name of signee