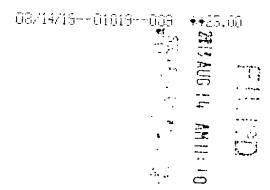
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(Requestor's Name)
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COVER LETTER

TO: Reg Div	gistration Se ision of Co	ection f rporations	₹	
SUBJECT:	AKS CON	• STRUCTION COMPANY LI	.C	
SUBJECT:		Name of Lin	nited Liability Company	
The enclosed	l Articles of	Amendment and fee(s) are sub-	omitted for filing.	
Please return	all correspo	ondence concerning this matter	to the following:	
		LEONARDO FIGUEIRE	DO	
			Name of Person	
		SOLUTION ADVISING	LLC	
			Firm/Company	
		5728 MAJOR BLVD SUI	TE 609	
		4-	Address	
		ORLANDO,FL 32819		
			City/State and Zip Code	
		INFO@SOLUTIONADVI	SING.COM	
		E-mail address: (to be used for future annual report notif	ication)
For further in	formation c	oncerning this matter, please co	all:	
LEONARDO) FIGUEIRI	EDO	407 318-0058	
-	Name o	Person	at () Daytime	Telephone Number
Enclosed is a	check for th	e following amount:		
\$25.00 Fi	iling 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

STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

AKS CONSTRUCTION COMPANY	LLC	
(Name of the Limited	Liability Company as it now appears on our records.) Florida Limited Liability Company)	-
The Articles of Organization for this Limited Liab	pility Company were filed on 07/31/2019	and assigned
Florida document number <u>L19000195893</u>	·	
This amendment is submitted to amend the follow	ring:	
A. If amending name, enter the new name of the	he limited liability company here:	
AKS COMPANY LLC		
The new name must be distinguishable and contain the word	ds "Limited Liability Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicab	ole:	
(Principal office address MUST BE A STREET.	ADDRESS)	
		-
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BO	<u></u>	
	-	****
B. If amending the registered agent and/or	registered office address on our records, enter	er the name of the nev
registered agent and/or the new registered offic	e address here:	
Name of New Registered Agent:		大 是 世
New Registered Office Address:	Emer Florida street address	-
	vnier v tortaa sirvel adaress	127
	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>	Type of Action
			□ Add
			☐ Remove
			Change
			D Add
			□ Remove
			Change
			□ Remove
			☐ Change
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		·	Change
			□ Remove
			Change
			□ Remove
			□ Change

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