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(Address) (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL
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(Document Number)
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Special Instructions to Filing Officer:

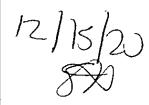
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COVER LETTER

TO: Registration So Division of Cor			
SUBJECT:	Akumen miti	se	
SOURCE.			
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Muria	Alvero	
		Name of Person	.
	Akumen	MIHLLC	
		Firm/Company	
	9300 NW 25.	st Ste 109	
		Address	
	Doral FL	- 33172	
		City/State and Zip Code	
	malverowak	submitted for filing. ter to the following: A PIVED Name of Person WIHLLC Firm/Company 5 St St 109 Address L 33172 City/State and Zip Code EXAMENIANS Ance. Com se: (to be used for future annual report notification) e call: at (186) Area Code Daytime Telephone Number	
For further information of	concerning this matter, please c	·	nonneation)
Maria	Alvero	21 7 May 20	0-3471
•	of Person	Area Code Da	ytime Telephone Number
Enclosed is a check for the	he following amount:		
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	Certified Copy	Certificate of Status & Certified Copy
Mailing Addres			
Division of C	Corporations	Division of	Corporations
P.O. Box 632 Tallahassee,			of Tallahassee inroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Akumen mit	LLC		
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears o Jiability Company)	n our records.)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L 19005211509</u> .	were filed on	5-19-2019	and assigned
This amendment is submitted to amend the following:			
A. If amending name, <u>enter the new name of the limited liab</u>	ility company here	:	
NIA			20
The new name must be distinguishable and contain the words "Limited Liabil			72.
Enter new principal offices address, if applicable:	NA		
(Principal office address MUST BE A STREET ADDRESS)			一一一一一一一一一一一一一一一一一一一一一一一一一一一一一一一一一一一一一一
			<u> </u>
			10: 42
Enter new mailing address, if applicable:	NA		. ~
Mailing address MAY BE A POST OFFICE BOX)			
		-	
B. If amending the registered agent and/or registered office and and/or the new registered office address here:	address on our reco	ords, <u>enter the name</u>	of the new register
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

Title	Name	Address	Type of Action
MGR	Humbuto Peña	9300 NW 25 St Ste 109	🗆 Add
		Doral, FL 33177	Exemove
		9300 NW 25 St Ste 109	□Change
MbR	Muria Alvero	Doral, FL 33172	≸ ∧dd
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			□ □ Change
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fective date, if other than the date in effective date is listed, the date must be spote: If the date inserted in this block discument's effective date on the Department.	ecitic and e ses not me	annot be prio	cable stati	filing or me	ore than 90 g require	days afte	ional) er filing.) is date v	Pursi vitt n	iant to ot be	605.020 listed a
ecord specifies a delayed effective date is filed.		n effective (time, at 12	:01 a.m. c	n the ear	dier of: (b) The	90th	i day a	ifter the
ned October 30 - Rania Signa	·	2020	<u> </u>							
Paria	ute of a m	ember or aut	orized ren	esentative	of a mem	oer				-
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Filing Fee: \$25.00