# 19000211509

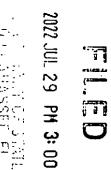
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#### FLORIDA DEPARTMENT OF STATE Division of Corporations

August 22, 2022

VICENTE CASTRO 2301 NW 87TH AVE SUITE 401 **DORAL, FL 33172** 

SUBJECT: AKUMEN MIH LLC Ref. Number: L19000211509

We have received your document for AKUMEN MIH LLC. However, upon receipt of your document no check was enclosed. Please send a check or money order payable to the Department of State for \$25.00. Your document will be retained in our pending file. Please return a copy of this letter to ensure that your check is properly credited.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Tammi Cline Regulatory Specialist II Supervisor Letter Number: 922A00018657

www.sunbiz.org

Division of Corporations

RECEIVED 2022 JUL 27 PH 12: 01

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July 13, 2022

VICENTE CASTRO 2301 NW 87TH AVE SUITE 401 DORAL, FL 33172

SUBJECT: AKUMEN MIH LLC Ref. Number: L19000211509

We have received your document for AKUMEN MIH LLC, however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$25.00.

The form you submitted is for a CORPORATION, but your entity is a LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s). All pages must be returned in order to file the document.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Querida R Silas Regulatory Specialist II

Letter Number: 022A00015603

2022 JUL 29 PH 3: 00



July 28, 2022

VICENTE CASTRO 2301 NW 87TH AVE SUITE 401 DORAL, FL 33172

AUG 1 8 2022

SUBJECT: AKUMEN MIH LLC Ref. Number: L19000211509

We have received your document. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

You failed to make the correction(s) requested in our previous letter.

The form you submitted is for a CORPORATION, but your entity is a LIMITED LIABILITY COMPANY.

The current name of the entity is as referenced above. Please correct your document accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Querida R Silas Regulatory Specialist II

Letter Number: 722A00016899



### **COVER LETTER**

TO:

Tallahassee, FL 32314

FO: Registration Se Division of Cor			
SUBJECT:	Avumen MIHUC	•	
, , , , , , , , , , , , , , , , , , ,	Akumen MIHUC Name of Limit	ted Liability Company	
The enclosed Articles of	Amendment and fee(s) are subr	nitted for filing.	
	ondence concerning this matter t		
	Vicente Co	Name of Person	
		Name of Person	
	Akumen	MIH LLC Firm/Company	
		Firm/Company	<del></del>
	7301 NW 47 F	the ste 401	
	2301 NW 47 F	Address	
	Doral, Fr	33172	
		33172 City/State and Zip Code	<u></u>
	yrastrow ak	and in to SUKANCL COM	ation)
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For further information	concerning this matter, please co	iir.	
vicense	Castro	ai (305_)_456-97	75 <del>Σ</del> 29 Γ
Name	of Person	Area Code Daytime	Telephone Number
			. FL G
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)
<u>Mailing Addr</u>		Street Address:	ion
Registration	Section Corporations	Registration Sect Division of Corp	
P.O. Box 63	•	The Centre of Ta	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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lity Company," the design	ation "LLC" or the abbre	viation "L.L.C."
NIX		2022 JUL
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## 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.

City

Zip Code

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>	Name	Address	Type of Action
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	Signature	f a member or ac	athorized repres	entative of a mem	pet		