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(Req	uestor's Name)	 -
(Add	ress)	
(Add	ress)	
(City	/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bus	iness Entity Nar	ne)
(Doc	ument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to F	iling Officer:	

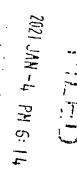




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5EB 11 2021 S. YOUNG



COVER LETTER

TO: Registration Section Division of Corporation			
SUBJECT:C	ynergie Styl.	e LLC led Liability Company	
The enclosed Articles of Art	nendment and fee(s) are subn	nitted for filing.	
Please return all corresponde	ence concerning this matter to	o the following:	
	Shar	on Foley Name of Person	
		Firm/Company	
	18 Ca	rry Back Rd	
	0	Cala, FL 3448; City/State and Zip Code	2
-	Info@(A Kes O Com pany o be used for future annual report noul	.com fication)
For further information conc			
Cyn Maca Name of Pe	vegor-Evans	at (919) 602 Area Code Daytim	- O G o O e Telephone Number
Enclosed is a check for the for	ollowing amount:		
□ \$25.00 Filing Fee	S30.00 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 Address:

Registration Section
Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Cyr	hergie Stule LLC	
(<u>Name of the Limited Liab</u> (A Flori	ility Company as it now appears on our records.) da Limited Liability Company)	
The Articles of Organization for this Limited Liability Florida document number 19000 2941	Company were filed on 12 02 19	and assigned
This amendment is submitted to amend the following:		2 温
A. If amending name, enter the new name of the lin	mited liability company here:	ن المراجعة ا
AKESO COMPANY	LLC	<u>+</u>
The new name must be distinguishable and contain the words "Li		the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADL	DRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or register agent and/or the new registered office address here		name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
		da at
	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 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>	Address	Type of Action
			□ Add
			□Remove
			□Change
	 		🗆 Add
			□Remove
			□Change
			□Add
			□Remove
			□ Change
			🗀 Add
			□Remove
			□Change
			□Add
			□Remove
			□ Change
			□Add
			□Remove
			□Change

	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
Note:	tive date, if other than the date of filing: January 1, 2021 (optional) flective 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 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as ment's effective date on the Department of State's records.
e reco	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the filed.
Dateo	1 12/30/2020
	Signature of a member or authorized representative of a member
	Sharon Foley Typed or printed name of signee

EW E CAROO