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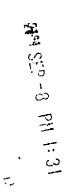
(Req	uestor's Name)	
(Add	ress)	
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(City	/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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(Doc	ument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to F	iling Officer:	

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COVER LETTER

TO:

ΓΟ: Registration Se Division of Cor				
	DELING SERVICES LLC			
SUBJECT:	Name of Lim	ited Liability Company		
	Amendment and fee(s) are sub	•		
Please return all correspo	ndence concerning this matter	to the following:		
	ANGEL L LEBRON			
	· · · · · · · · · · · · · · · · · · ·	Name of Person		
	AK REMODELING SERV	/ICES LLC		
	Firm/Company			
	549 SANTIAGO AV			
		Address		
	ORLANDO, FLORIDA 3	2807		
	lebron.angel62@gmail.com	City/State and Zip Code		
		to be used for future annual report notification)		
For further information c	oncerning this matter, please ca	all:		
ANGEL L LEBRON		321 276-9947 at ()		
Name o	f Person	Area Code Daytime Telephone Number		
Enclosed is a check for the	ne following amount:			
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)		
Mailing Addres Registration S		Street Address: Registration Section		
Division of Corporations		Division of Corporations		
P.O. Box 632 Tallahassee, l		The Centre of Tallahassee 2415 N. Monroe Street, Suite 810		
i ananassee, 1	I L 36317	Tallahassee, FL 32303		

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

AK REMODELING SERVICES LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability		0 and assigned	
Florida document number L20000023711	·		
This amendment is submitted to amend the following	:		
A. If amending name, enter the new name of the li	imited liability company here:		
N/A			
The new name must be distinguishable and contain the words "I	Limited Liability Company," the designation	on "LLC" or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:	N/A		
(Principal office address MUST BE A STREET AD.	DRESS)		
		~3	
		ربه هي د د اهم	
Enter new mailing address, if applicable:	N/A	<u> </u>	
(Mailing address MAY BE A POST OFFICE BOX)			
		·	
B. If amending the registered agent and/or registe agent and/or the new registered office address here		, enter the name of the new registered	
	_		
Name of New Registered Agent: N/A	\		
New Paristand Office Address			
New Registered Office Address:	Enter Florida street address		
	, Florida		
-	City	Zip Code	
New Registered Agent's Signature, if changing Register	ered Agent:		
I hereby accept the appointment as registered age provisions of all statutes relative to the proper and accept the obligations of my position as registered being filed to merely reflect a change in the regist company has been notified in writing of this change	d complete performance of my du l agent as provided for in Chapte ered office address, I hereby conj	ties, and I am familiar with and r 605, F.S. Or, if this document is	

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>	Address	Type of Action
MGR	KATHERINE LEBRON	549 SANTIAGO AVE	
		ORLANDO FL 32807	= Remove
			Change
		 	
			□Remove
			□Change
		 	Add
			Remove
			—————————————————————————————————————
	-		⊖Add
			Remove
			□Change
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			☐ Change
			□Add
			□Change

N/A	
	
	
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ective date, if other than the date of filing:	(optional)
n effective date is listed, the date must be specific and cannot be prior to date of filing or moster. If the date inserted in this block does not meet the applicable statutory filing	re than 90 days after filing.) Pursuant to 605.020
cument's effective date on the Department of State's records.	requirements, this date will not be listed a
ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. or	n the earlier of: (b) The 90th day after th
is filed.	
AUGUSTAL	
ted AUGUST 31 , 2021	
1 11 1/6 /3	
X, Sil feeler bet	
Signature of a member or authorized representative of	£