Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H20000260543 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : SALMON LEGAL GROUP, P.L.

Account Number : I20180000045 Phone : (786)508-2020

Fax Number : (786)209-3030

Enter the email address for this business entity to be used for fybure annual report mailings. Enter only one email address please.

Email Address: FILINGS@SALMONLEGAL.COM S

8 4 2020

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN AKILIA REX, LLC

Certificate of Status	0
Certified Copy	0
Page Count	07
Estimated Charge	\$25.00

Electronic Filing Menu

Corporate Filing Menu

Help Y SIII KER

AUG 15 2020

To: FL DEPT OF STATE Dission of Corporati Page 5 of 8 2020-08-04 16:59:04 (GMT)

DocuSign Envelope ID: C7D88B0D-1064-4E84-BCC6-1E48D86ECED3

COVER LETTER TO: Registration Section **Division of Corporations** AKILIA REX, LLC SUBJECT: Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: DAVID H. \$ALMON Name of Person SALMON LEGAL GROUP, P.L. Firm/Company 1395 BRICKELL AVENUE #800 Address MIAMI, FL 33131 City/State and Zip Code FILINGS@SALMONLEGAL.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: DAVID II. SALMON Daytime Telephone Number Name of Person Enclosed is a check for the following amount: ☐ \$60.00 Filing Fee. ☐ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & 325.00 Filing Fee

> MailingAddress: Registration Section Division of Corporations P.O. Box 6327

Certificate of Status

StreetAddress: Registration Section Division of Corporations The Centre of Tallahassee

Certified Copy

(additional copy is enclosed)

Certificate of Status &

(additional copy is enclosed)

Certified Copy

17862093030 From: DAVID SALMON

DocuSign Envelope ID. C7D88B0D-1064-4E84-8CC6-1E48D86ECED3

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

AKILIA REX, LLC			
(Name of the Limited Liability Come (A Florida Limited	pany as it now appears on of Liability Company)	our records.)	
The Articles of Organization for this Limited Liability Compan	y were filed on $\frac{6/25/20}{1}$	20	and assigned
Florida document number L20000093787			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited lia	bility company here:		
The new name must be distinguishable and contain the words "Limited Liab	oility Company," the designa	ation "LEC" or the abb	reviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)			.
			
			2020
Enter new mailing address, if applicable:		·	<u>≥</u> /]
(Mailing address MAY BE A POST OFFICE BOX)			
		_	· ?**
		~	> (-)
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our record	ds, enter the name	of the new registere O
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Floridast	reet 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.

OccuSign Envelope ID: C7D88B0D-1064-4E84-BC66-1E48D86ECED3
Trainending Authorized rerson(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	RODRIGO DEBESA	1395 BRICKELL AVENUE, #800	■Add
		MIAMI, FL 33131	□Remove
			☐ Change
			□Add
			□Remove
		 	☐ Change
			□Add
			Remove
			□Change
			□Add
			□Remove
			Change
			□Remove
			□Change
			□Add
			Reniove

DocuSign Envelope ID: C7D88B0D-1064-4E84-BCC6-1E48D86ECED3

	 -
	
	ate of filing:
Note: If the date inserted in this block	coptional) especific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.020 codoes not meet the applicable statutory filing requirements, this date will not be listed a artment of State's records.
Note: If the date inserted in this block document's effective date on the Departure of the pecific and effective date of the specific and elayed effective date.	c does not meet the applicable statutory filing requirements, this date will not be listed a
Note: If the date inserted in this block document's effective date on the Departure of the departure of the specifies a delayed effective date of the details and the desired in the details and the details a	ate, but not an effective time, at 12:01 a m on the earlier of: (b) The 90th day after the
Note: If the date inserted in this block document's effective date on the Departure of the pecific and effective date of the specific and elayed effective date.	ate, but not an effective time, at 12:01 a m on the earlier of: (b) The 90th day after the
Note: If the date inserted in this block document's effective date on the Department of specifies a delayed effective date of the description of the Department of the Departm	e does not meet the applicable statutory filing requirements, this date will not be listed a artiment of State's records. ate, but not an effective time, at 12:01 a.m. on the earlier of: (h). The 90th day after the

Filing Fee: \$25.00