L20 000152875

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COVER LETTER

TO: Registration Se Division of Cor			
SUBJECT: JAK	Name of Lim	ited Liability Company	
The enclosed Articles of a	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Johnakes	hia Thum Name of Person	pson.
	JAKUH H	Firm/Company 2L()
	1523 RI	Mell RC #	538
	Marietta, Shop Taxil	City/State and Zip Code 1 (A) (A) (A) (A)	······································
	E-mail address (1		cation) ;;
For further information co	oncerning this matter, please ca	all:	
JOHN CKEL Name of	MICA THOMPS		Telephone Number
Enclosed is a check for th	e following amount:		
□ \$25.00 Filing Fee	E \$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)

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

JAKUH HUKLINGS Name of the Limited Liability Compa (A Florida Simpled)	iny as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number $\underline{L20000152875}$	were filed on JUNE 4, 2020 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab TAKUT LLC The new name must be distinguishable and contain the words "Limited Liabi	
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	2814 Harvest Moon D Orange Park, +1 32073
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	1523 RUSNULL Rd #38 MONTHA CIPA SOCK 7 P. O. BOX 7893 MOVIETTA GIA 30065
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	Florida

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, <u>enter the title, name, and address of each person_being added or removed from our records:</u>

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Remove
			□Change
			
			□Remove
			Change
			□Add
			: ☐Remove
			□Change
			□Add
			□Remove
			□ Change
			□Add
			□Remove
			□Change
			
			□Remove
			□ Chango

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) E. Effective date, if other than the date of filing: __ (optional) (If an effective 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 (3)(b) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record 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 record is filed. ighature of a member or authorized representative of a member Typed or printed name of signee