Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN AK FAMILY, LLC

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Electronic Filing Menu

Corporate Filing Menu

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C. GOLDEN

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

Ak Family, LLC		
(Name of the Limited (A	Liability Company as it now appears on our records.) Florida Limited Liability Company)	1
The Articles of Organization for this Limited Liab Florida document number 1.20000234574	oility Company were filed on 08/12/2020	and assigned
This amendment is submitted to amend the follow	ring:	
A. If amending name, enter the new name of the	he limited liability company here:	
Ruaida-Kesh Holding, LLC		1 11 12 2 2 2 2 2
The new name must be distinguishable and contain the wor	ds "Limited Liability Company," the designation "LLC" (of the abbreviation (L.E.C.
Enter new principal offices address, if applicab	ole:	
(Principal office address MUST BE A STREET	ADDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BO	<u>OX)</u>	
B. If amending the registered agent and/or registered agent and/or the new registered office	r registered office address on our records, ce address here:	, enter the name of the ne
Name of New Registered Agent:		
New Registered Office Address:	Enter Floridas treet address	
	Fla	mida
	Cny	rida ZipCode
New Registered Agent's Signature, if changing Re	,	

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 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 = M AMBR = A	anager uthorized Member		
<u>Title</u>	Name	Address	Type of Action
			□ Remove
			Change
			Add
			☐ Remove
			☐ Change
			Remove
			☐ Change
		☐ Remove	
			☐ Change
			Add
		☐ Remove	
			Change
			☐ Remove
			□ Change

**-		
 		
	•	
 -		
	08/27/2020	
Effective of	date, if other than the date of filing:	(optional)
Note: If th	he date inserted in this block does not meet the applicable statutes effective date on the Department of State's records.	ory filing requirements, this date will not be listed as
the record	d specifies a delayed effective date, but not an effe Oth day after the record is filed.	ective time, at 12:01 a.m. on the earlier of
	α	
Dated Au	igust 27	
		_
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Typed or printed name of signee

Filing Fee: \$25.00