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2022 APR -5 AM 7: 49 SECRETARY OF STATE TALLAHASSEE, FL

O SIMMONS
APR 1 9 2022

COVER LETTER

TO: Registration Section Division of Corpo	on rations		
SUBJECT: DQ	+00 diag	Company Ll	<u>_C</u>
	nendment and fee(s) are subm		
	Anna	Name of Person	<u> </u>
	Akco	Firm/Company	
	107 N.	11th St #619	<u></u>
	Akcoint l	City/State and Zip Code City/State and Zip Code Complete used for future annual report notifications.	fication)
For further information con	ncerning this matter, please ca		
Anna M Name of	Coats Person	at (\$13) 213 Area Code Daytim	2 4 4 e Telephone Number
Enclosed is a check for the	e following amount:		
□ \$25.00 Filing Fee	□ \$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)
Malling Address		Street Address:	

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

FILED

ARTICLES OF AMENDMENT TO

2022 APR -5 AM 7: 49

ARTICLES OF ORGANIZATION SECRETARY OF STATE **OF**

TALLAHASSEE, FL

(Name of the Limited (A	Liability Company as it now appears on our records.) Florida Limited Liability Company)
	oility Company were filed on Aug / 18 /2 and assigned
This amendment is submitted to amend the follow	ving:
A. If amending name, enter the new name of t	he limited liability company here:
The new name must be distinguishable and contain the wor	rds "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicat (Principal office address MUST BE A STREET	ble: 5340 W. Kennedy blyd Unit 422
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B	107 N. 11th St #618 Tampa, FL, 33602
B. If amending the registered agent and/or reagent and/or the new registered office address	gistered office address on our records, enter the name of the new registered here:
Name of New Registered Agent:	Anna M. Coats
New Registered Office Address:	Enter Florida street address
	Tampa, Florida 33602 Zip Code
New Registered Agent's Signature, if changing R	egistered 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.

anging 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 **Type of Action** Address Name Title 2410 18th Ave S. DAdd MGR Kuctulus Turanti St. Peter sburg, FL, 33712 & Remove ______ □Сhange 107 N. 11th St #618 XADD MGR Anna M. Coats Tompo, FL, 33602 | Remove 107 N. 11+h St #618 DEAdd MGR Ozan Ak Tampa FL, 33602 - Remove ______ Change ____ □Remove

____ Change

If amend	ing any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	
Note: If	date, if other than the date of filing:
the record s ord is filed	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated	3/28/ 2922. AMA/ A
	Signature of a member or authorized representative of a member ADDO ATT TO THE STATE OF THE STA