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cover letter / New Uc
TO: Registration Section Division of Corporations COVER LETTER New Ucc Name
Division of Corporations SUBJECT: DIA 1/LC 1/KS Real estate Service, CC/ Aneika Smith Name of Limited Liability Company LLC
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Aneila Smith Name of Person
Aneika Smith LLC
345 Nova DR Address
Daven 2014 Fl 33837
City/State and Zip Code Ane No Smith @ iclaud & com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Anei la Smith at (446) 675-2183 Name of Person at (646) Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee Certificate of Status Certificate of Status Certified Copy (additional copy is enclosed) S60.00 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

AKS real est	tate Service	5 LLC	
(Name of the Limited Liability (A Florida I	Company as it now appears on climited Liability Company)	our records.)	
The Articles of Organization for this Limited Liability Co Florida document number <u>L200026205</u>	-	1/2020	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limit	ed liability company here:		
Hneiha Smith LLC			
The new name must be distinguishable and contain the words "Limit	ed Liability Company," the design	ation "LLC" or the abbrevi	ation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRE	<u></u>		20.
			22
Enter new mailing address, if applicable:			<u>்.</u>
(Mailing address MAY BE A POST OFFICE BOX)			34
			<u> </u>
			<u>.</u>
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	office address on our recor	ds, <u>enter the name of</u>	the new registered
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida st	reet address	
		, Florida	
	City	Z	ip 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.

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>	Name	Address C1	Type of Action
Ambr	Lascelles 1) yke	St 12 Silas Seaman monçoe N	10950 1_10400
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. If amendi	ing any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	
(If an effective Note: If the	date, if other than the date of filing:
the record sp cord is filed.	ecifies 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	1/20/01.
	Signature of a member or authorized representative of a member
	Ancila Smith Typed or printed name of signee