K21000017014

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SECKETARY OF STATE

COVER LETTER

AC KS Arm	nani, LLC					
SUBJECT:	Name of Lim	ited Liability Company				
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.				
Please return all correspo	ondence concerning this matter	to the following:				
	Karel Lens					
		Name of Person				
	KESK Global Advising, LI	C				
	Firm/Company					
	2525 Ponce De Leon Blvd	. Suite #300				
		Address				
	Coral Gables, FL 33134					
	Info@KESKGlobal.com	City/State and Zip Code				
	E-mail address: (to be used for future annual report noti	fication)			
For further information c	oncerning this matter, please co	all:				
Karel Lens		305 401-5050				
Name o	f Person	at () Area Code Daytim	e Telephone Number			
Enclosed is a check for th	ne following amount:					
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)			
Mailing Addres	s:	Street Address:				

Registration Section

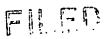
Division of Corporations

TO:

Registration Section
Division of Corporations
P.O. Box 6327 Tallahassee, FL 32314

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



AC KS Armani, LLC

2021 NOV 12 PH 4: 16

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

SEUKE 1. TALLA The Articles of Organization for this Limited Liability Company were filed on and assigned Florida document number 1.21000017014 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: AC Armani, LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registere agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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 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 = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Remove
			□Change
			Remove
			□Change
			
			□Change
	<u>-</u>		□Add
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	11/00			
. Effective date, if other than	1/08/ the date of filing:		(optional)	•
(If an effective date, if other than (If an effective date is listed, the date Note: If the date inserted in thi document's effective date on the	s block does not meet the	applicable statutory	or more than 90 days after filing filing requirements, this date	.) Pursuant to 605,0207 (3)(will not be listed as the
the record specifies a delayed effectord is filed.	ctive date, but not an effec	etive time, at 12:01 a	.m. on the earlier of: (b) The	ne 90th day after the
11/08	2021		\mathcal{A}	
Dated		-/- · / ,	//	

Typed or printed name of signee