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COVER LETTER

TO:

Registration Section
Division of Corporations

AK MANA	AGEMENT LLC			
SUBJECT:	Name of Limi	ted Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub-	nitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	Adam Fallick			
		Name of Person		
		Firm/Company		
	3235 COCOPLUM CIR			
	COCONUT CREEK FL 33	Address		
	COCONUT CREEK FL 3.	City/State and Zip Code		
	fallicka@yahoo.com E-mail address: ()	to be used for future annual repo	ort notification)	
For further information of	concerning this matter, please ca	all:		
Adam Fallick		954 80611 ar ()		<u></u>
Name (of Person	Area Code 1	Daytime Telephone Number	
Enclosed is a check for t	he following amount:			
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55,00 Filing Fee & Certified Copy (additional copy is enclose	S60.00 Fil Certificat d) Certified (additional	e of Status & Copy copy is englosed)
Mailing Address Registration Division of C P.O. Box 633 Tallahassee.	Section Lorporations 27	The Centro 2415 N. M		A :: 00 10

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

AK MANAGEMENT LLC			
(<u>Name of the Limited Liability Compan</u> (A Florida Limited Li	y as it now appears on our ry ability Company)	ecords.)	 -
The Articles of Organization for this Limited Liability Company vi Florida document number 1.21000102278	were filed on March 2,202	<u> </u>	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabil	ity company here:		
The new name must be distinguishable and contain the words "Limited Liabilit	y Company," the designation	"LLC" or the abb	reviation "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)			
		<u> </u>	
B. If amending the registered agent and/or registered office adapted and/or the new registered office address here: Name of New Registered Agent:	idress on our records, <u>e</u>	nter the name	of the new registe
			C)
New Registered Office Address:	Enter Florida street a	ddress	1021
	City	Florida	Zip Code -~
New Registered Agent's Signature, if changing Registered Agent:	City		
I hereby accept the appointment as registered agent and agree	e to act in this capacity	I further asro	<i>→</i>
provisions of all statutes relative to the proper and complete paccept the obligations of my position as registered agent as p	performance of my dutie	es, and I am fa	miliar with and

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>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	Adam Fallick	3235 COCOPLUM CIRCLE	= Add
		COCONUT CREEK FL 33063	
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			□Remove
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ote: If the date inserted in thi ocument's effective date on the	s block does n	ot meet the app	dicable statutor	y filing requirem	ents, this date	will not be li	sted/a
	•					2021 <i>i</i>	: 1
record specifies a delayed effe	ctive date: but	not an effectiv	e time at 12:01	a m. on the earl	ier of: (b) Th	ie 90th day af	ter the
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