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## **COVER LETTER**

TO: Registration Se Division of Cor		•	•	
	AND WONDER LLC	,		
SUBJECT:	Name of Lin	ited Liability Company	<del></del>	
The analyze I Assistance	· Ann and an ann and I feet a land and and	anto a li Car Millia.		
	Amendment and fee(s) are sub	_		
Please return all correspo	ondence concerning this matter	to the following:		
	ATHENA E KARFITSAS			
		Name of Person		
	ONE HIT AND WONDER	R LLC		
		Firm Company		
	1138 VIZCAYA LAKE R	D APT 111		
	-	Address		
	OCOEE FL 34761			
		City/State and Zip Code		
	JULIANAKARFITSAS@C			
		to be used for future annual report r	iotification)	
For further information c	concerning this matter, please c	all:		
JULIANA KARFITSAS		321 436-5110 at ( )		
Name o	of Person		time Telephone Number	
Enclosed is a check for ti	he 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)	
<u>Mailing Addres</u> Registration (		Street Address: Registration		
Division of C			Registration Section Division of Corporations	
P.O. Box 632		The Centre o		
Tallahassec,	Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810	

Tallahassee, FL 32303

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

FILED

ONE HIT AND WONDER LLC

2022 MAY 24 PM 4: 23

	(A Florida Limited	Liability Company)	TALLAHASSEE, FL
The Articles of Organization for this Limited	Liability Compan	y were filed on 04/08/2021	
Florida document number L21000163454			
This amendment is submitted to amend the fo	llowing:		
A. If amending name, enter the new name	of the limited lial	bility company here:	
AEK CONSULTING LLC			
The new name must be distinguishable and contain the	words "Limited Liab	ility Company," the designation	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		SAME	
(Principal office address MUST BE A STRE	ET ADDRESS)		
(Mailing address MAY BE A POST OFFICE	<u>E BOX)</u>		
		address on our records, g	nter the name of the new regi
agent and/or the new registered office addr	ess here:	address on our records, g	enter the name of the new regi
		address on our records, g	nter the name of the new regi
agent and/or the new registered office addr	ess here:		
Agent and/or the new registered office addr	SAME SAME	Enter Florida street d	uddress
	SAME	Enter Florida street d	

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>	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
			□Change
			□Add
			□Remove
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	IGE BUSINESS NAME		
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Effective (	ite, if other than the date of filing: (option:	al)	
(If an effective Note: If the	date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after fili date inserted in this block does not meet the applicable statutory filing requirements, this deeffective date on the Department of State's records.	ing.) Pursuant to 605.0	0207 (3)(1 d as the
the record spoord is filed.	ifies 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	MAY 17 2022		
D.110.	1)		

Typed or printed name of signee