L21000195629

	(Requestor's Name)	_
	(Address)	
 -	(Address)	
	(City/State/Zip/Phone #)	
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	(Business Entity Name)	
	(Document Number)	
Certified Copies	Certificates of Status	
Special Instructions	s to Filing Officer:	
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COVER LETTER

	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:		
	Breanne Mulock			
		Name of Person		
	- <u></u>	Firm/Company		
	4519 Blue Marlin Dr	Address		
	N 1	Audress		
	Bradenton, FL 34208	City/State and Zip Code		
	bremulock@yahoo.com E-mail address: (to be used for future annual report notifica	tion)	797
For further information of	oncerning this matter, please c	all:		EW 2
Breanne Mulock		at (813) 3632112		
	f Person		elephone Number	`) Д II: 2u
Enclosed is a check for the	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 F Certificate of S Certified Copy (additional copy is	Status &

TO:

Registration Section Division of Corporations

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

AKBE LLC			
(Name of the Limited Liability Compa (A Florida Limited	any as it now appears on our Liability Company)	records.	
The Articles of Organization for this Limited Liability Company	were filed on April 27, 2	2021 an	d assigned
Florida document number <u>L21000195629</u>			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	oility company here:		
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation	on "LLC" or the abbreviation	on "L.L.C."
Enter new principal offices address, if applicable:		no address	s change
(Principal office address MUST BE A STREET ADDRESS)	THE RESERVE		
		2121	
			1
Enter new mailing address, if applicable:			<u></u>
(Mailing address MAY BE A POST OFFICE BOX)		ل	• • • • • • • • • • • • • • • • • • • •
		<u> </u>	
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records,	enter the name of the	now registered
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida stree	t address	
		, Florida	
New Registered Agent's Signature, if changing Registered Agent:	City	Zip (iode .
	_		i talai
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete			

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

Á	MBE	? =	Autho	rized	Mem	ber

<u>Title</u>	<u>Name</u>	4. A	Address 4519 Blue Marlin Dr Brudenton	Sype of Action
AMBR	Breanne Mulock	_	28FSII ATO DES, Brademon, 17:34208	- ■Add
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effective date, if other than the date of filing: effective date is listed, the date must be specific and cannot be prior to date ! If the date inserted in this block does not meet the applicable sument's effective date on the Department of State's records.	(optional) e of filing or more than 90 days after filing.) Pursuant to 605.0 tatutory filing requirements, this date will not be listed
ord specifies a delayed effective date, but not an effective time, at filed.	t 12:01 a.m. on the earlier of: (b) The 90th day after t
ed May 20	
Signature of a member or authorized	representative of a member