

121000305998

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

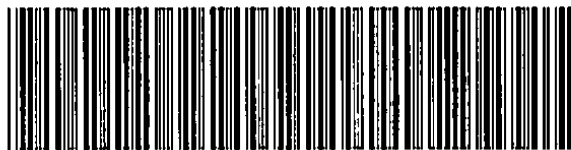
(Business Entity Name)

(Document Number)

ified Copies _____ Certificates of Status _____

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08/12/21--01003--015 **55.00

2:15 Ep01 Fri 3:00

9/12/21



FLORIDA DEPARTMENT OF STATE
Division of Corporations

2021 SEP -1 AM 10:15

August 24, 2021

ABED-NEGOT DESTY
2892 SW 172ND LANE RD.
OCALA, FL 34473

SUBJECT: AKP FAMILY LLC
Ref. Number: L21000305998

We have received your document for AKP FAMILY LLC and your check(s) totaling \$55.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Alecia Rivers
Regulatory Specialist II

Letter Number: 221A00020230

**Registration Section
Division of Corporations**

AKP FAMILY LLC

SUBJECT: _____
Name of Limited Liability Company

enclosed Articles of Amendment and fee(s) are submitted for filing.

use return all correspondence concerning this matter to the following:

DESTY, ABED-NEGOT, MR.

Name of Person

AKP FAMILY LLC

Firm/Company

2892 SW 172nd Lane Road

Address

Ocala FLORIDA, FL 34473

City/State and Zip Code

ABEDNEGODESTY@YAHOO.COM

E-mail address: (to be used for future annual report notification)

· further information concerning this matter, please call:

BED, NEGOT- DESTY MR. 347 526-4060
 _____ at (_____) _____
 Name of Person Area Code Daytime Telephone Number

closed is a check for the 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)

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**

AKP FAMILY LLC

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

Articles of Organization for this Limited Liability Company were filed on 07/02/2021 and assigned
file number L210005998

This amendment is submitted to amend the following:

If amending name, enter the new name of the limited liability company here:

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 office address, if applicable:

N/A

Principal office address MUST BE A STREET ADDRESS

Enter new mailing address, if applicable:

N/A

Mailing address MAY BE A POST OFFICE BOX

If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

GUERNIDE CHARLES

New Registered Office Address:

5900 SE 125TH PLACE

Enter Florida street address

BELLEVUE

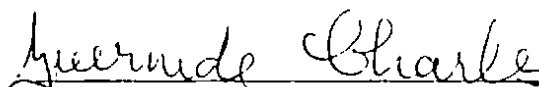
Florida 34420

City

Zip 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 Changing Registered Agent, Signature of New Registered Agent

recommending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MR = Manager
BR = Authorized Member

<u>Signature</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MR	DESTY ABED-NEGOT	2892 SW 172 LANE ROAD	<input type="checkbox"/> Add
		Ocala, FL 34473	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MR	GUERNIDE CHARLES	5900 SE 125TH PLACE	<input checked="" type="checkbox"/> Add
		BELLEVIEW, FL 34420	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MR	GUILENE M JOSEPH	9792 SW 56TH CIRCLE	<input checked="" type="checkbox"/> Add
		Ocala, FL 34476	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Effective date, if other than the date of filing: _____ (optional)

If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the document is filed.

Dated 8/6 2021

Guernide Charles

Signature of a member or authorized representative of a member

GUERNIDE CHARLES

Typed or printed name of signee