121000376199

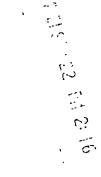
(Requestor's Name)	
(Address)	
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(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	_
Special Instructions to Filing Officer:	





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COVER LETTER

Registration Section

Division of Corporations

TO:

	e Improvements 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	ndence concerning this matter	to the following:	
	Krishnarine Sookram		
		Name of Person	
	A&K Home Improvement	S	
		Firm/Company	
	104 E Washington St, Lot	15	
		Address	
	Minneola, Fl, 34715		
	·	City/State and Zip Code	
	Adalisho E-mail address:	to be used for future annual report not	· Co M
For further information c	oncerning this matter, please c		
Krishnarine Sookram		407 485-4919 at ()	
Name o	f Person	Area Code Daytim	e Telephone Number
Enclosed is a check for the	ne 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 S Division of C P.O. Box 632 Tallahassee, 1	Section Corporations 17	Street Address: Registration Se Division of Cor The Centre of 7 2415 N. Monro	porations

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

A&K Home Improvements LLC			
(Name of the Lim	ited Liability Comp (A Florida Limited	nany as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited I lorida document number L21000376199	Liability Compan	y were filed on 8/23/21	and assigned
his amendment is submitted to amend the fol	lowing:		
. If amending name, enter the new name	of the limited lia	bility company here:	
N/A			
he new name must be distinguishable and contain the	words "Limited Liah	oility Company." the designation "LLC" or the a	bbreviation "L.L.C."
Enter new principal offices address, if appli	cable:	N/A	
Principal office address MUST BE A STRE	ET ADDRESS)		
Inter new mailing address, if applicable:		N/A	
Mailing address MAY BE A POST OFFICE	E BOX)		· · ·
3. If amending the registered agent and/or agent and/or the new registered office addr	ess here:	e address on our records, enter the nar	ne of the new regis
Name of New Registered Agent:	N/A		
New Registered Office Address:	N/A		
		Enter Florida street address	. (2)
		, Florida	
		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

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>	Name	Address	Type of Action
AMBR	Krishnarine Sookram	104 E Washington St, Lot 15, Minneola, Fl, 34715	\ Add
			□Remove
			□Change
			□Add
			□ Remove
			□Change
			□Add
			□Remove
			□Change
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effective date is lis te: If the date ins	ther than the date of ted, the date must be specificated in this block does adde on the Department	fic and cannot be prio not meet the appli	r to date of filing or me cable statutory filing	(option ore than 90 days after fil requirements, this d	ing.) Pursuant to 605.020
s filed.	elayed effective date, bu	it not an effective t	time, at 12:01 a.m. c	on the earlier of: (b)	The 90th day after the
September 13	L A	7 2021			

Typed or printed name of signee