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ECRETARY OF STATE
TALLAHASSEE, FLUGGER AND COMMENT

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## **COVER LETTER**

Registration Section Division of Corporations

TO:

AEKI ECC SUBJECT:	MMERCE, 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	ondence concerning this matter	to the following:	
	VINICIUS ADAM		
		Name of Person	· · · · · ·
	VADAM LAW, PLLC		
		Firm/Company	
	511 SE 5TH AVE, SUITE	104	
		Address	
	FORT LAUDERDALE, F	L 33301	
		City/State and Zip Code	
	VINICIUS@VADAMLAV	V.COM	
	E-mail address: (	to be used for future annual report not	tification)
For further information c	oncerning this matter, please c	all:	
VINICIUS ADAM		954 253-8848 at ()	
Name of Person		Area Code Daytir	ne 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)
<u>Mailing Addres</u> Registration S		<u>Street Address:</u> Registration Se	ection
Division of Corporations		Division of Co	
P.O. Box 632		The Centre of	
Tallahassee, l	FL 32314	2415 N. Monro	oe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

AEKI ECOMMERCE, LLC

2002 JUL -8 PM 1:48

(Name of the Limited Liability Company as it now appears on our research TARY OF STATE
(A Florida Limited Liability Company) TALLAHASSEE, FL The Articles of Organization for this Limited Liability Company were filed on 01/28/2022 \_\_\_\_ and assigned This amendment is submitted to amend the following: A. 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 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) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registere agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

## 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.

Cin

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
MGR	SEAN E TAL	511 SE 5TH AVE, SUITE 104	□ Add
		FORT LAUDERDALE, FL 33301	=Remove
			□Change
MGR	AEKI, LLC 511 SE	511 SE 5TH AVE, SUITE 104	<b>=</b> Add
		FORT LAUDERDALE, FL 33301	□Remove
			□Change
		<del></del>	
			□ Remove
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Effective date, if other than the defan effective date is listed, the date must Note: If the date inserted in this blood document's effective date on the Department.	ck does not meet ti	he applicable s	of filing or more th tatutory filing req	an 90 days after fil uirements, this d	ary ing.) Pursuant to 605.0 ate will not be listed	207 . as
e record specifies a delayed effective d is filed.	date, but not an ef	fective time, a	. 12:01 a.m. on the	e earlier of: (b)	The 90th day after t	he
	• •	77				
July 8 Dated	20	·				
July 8 Dated	Sea	in E Ta	2/			