

L22000172695

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

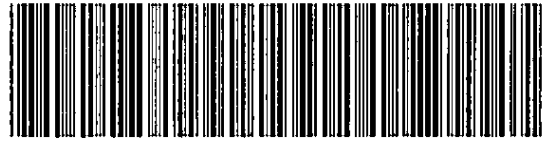
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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05/03/22--01051--013 25.00

FILED
2022 MAY -2 PM 4:00
CUSHING

Amend

JUL 13 2022

D CUSHING

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: URN Akoya LLC

Name of Limited Liability Company

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

Please return all correspondence concerning this matter to the following.

Cheryl Beusch

Name of Person

URN Akoya LLC

Firm/Company

7 Leeuwarden Lane

Address

Darien CT 06820

City/State and Zip Code

ewashecka@gmail.com

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

For further information concerning this matter, please call:

Cheryl Beusch

646

5268512

Name of Person

at (Area Code)

Daytime Telephone Number

Enclosed 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

2022 MAY -2 PM 4:00

FILED

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

URN Akoya LLC

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

The Articles of Organization for this Limited Liability Company were filed on April 11, 2022 and assigned
Florida document number L2200017269 CS.

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 registered agent and/or the new registered office address here:

Name of New Registered Agent: _____

New Registered Office Address: _____

Enter Florida street address

_____, 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

2022 MAY -2 PM 4:00
STATE OF FLORIDA
CLERK OF THE CIRCUIT COURT

or removed from our records: PLEASE PRINT NAME, TITLE, AND ADDRESS OF EACH PERSON BEING ADDED

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	Edward Washecka	7 Leeuwarden Lane	<input checked="" type="checkbox"/> Add
		Darien CT 06820	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Lesley Washecka	8809 NW 21st Court	<input type="checkbox"/> Add
		Coral Springs FL 33071	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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[illegible]

If the 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 record is filed

Dated 4/28/22

Cheryl S. Beusch
Signature of a member or authorized representative of a member

Cheryl Beusch

Typed or printed name of signer

Filing Fee: \$25.00