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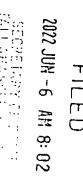
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## **COVER LETTER**

TO: Registration : Division of Co		
Akiras Or	mochaya, LLC	
SUBJECT:		1
	Name of Limited Liability Company	
The enclosed Articles of	of Amendment and fee(s) are submitted for filing.	
Please return all corresp	pondence concerning this matter to the following:	
	Nabila A Oteiza	
	Name of Person	
	Nabila Alexis Oteiza, LLC	<b>~</b>
	Firm/Company	1022 SEG
	5420 27th Ave SW	FILE  2022 JUN -6 A  SECRETARY ALLIANA TELE  4 LEANA TELE
	Address	<del></del>
	Naples, FL, 34116	8. 0
	City/State and Zip Code Akirasomochaya@gmail.com	: 02
	E-mail address: (to be used for future annual report notification)	
For further information	concerning this matter, please call:	
Nabila A Oteiza	239 2816058	
Name	of Person at ()  Area Code Daytime Telephone I	Number
	,	
Enclosed is a check for	the following amount:	
□ \$25.00 Filing Fee	Certificate of Status Certified Copy (additional copy is enclosed)	0.00 Filing Fee, ertificate of Status & ertified Copy dditional copy is enclosed)

Mailing Address:
Registration Section
Division of Corporations P.O. Box 6327

Street Address:
Registration Section
Division of Corporations
The Centre of Tallahassee

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Akiras Omochaya, LLC		
(Name of the Limited Liability Comp. (A Florida Limited	any as it now appears on our recor Liability Company)	<u>ds.</u> )
The Articles of Organization for this Limited Liability Company	were filed on May 05, 2022.	and assigned
Florida document number L22000213257.		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
Nabila Alexis Oteiza, LLC		
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC	C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	1210 Baldwin PL	
(Principal office address MUST BE A STREET ADDRESS)	Lehigh Acres, FL, 33936	
		2022 SEC. SEC.
Enter new mailing address, if applicable:	5420 27th AVE SW	F) 2JUN- CRETA CARAS
(Mailing address MAY BE A POST OFFICE BOX)	Naples, FL., 34116	5 [
		<del></del>
B. If amending the registered agent and/or registered office and and/or the new registered office address here:	address on our records, <u>enter</u>	the name of the new regis
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addres	55
	. FI	orida
	City	Zip Coxte

## 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 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

Title	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
			□Change
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		05/30/2022	,			
Effective date, if other than the If an effective date is listed, the date in Note: If the date inserted in this document's effective date on the	block does no	ing: and cannot be prio of meet the applie	r to date of filing coable statutory f	(op r more than 90 days a ling requirements.	otional) ther filing.) Pursuant to this date will not be	505.0207 ( listed as t
ne record specifies a delayed effect ord is filed.	rtive date, but	not an effective t	ime, at 12:01 a.:	n, on the earlier of	(b) The 90th day a	fter the
05/30/2022		12:00 A.m				
Dated			·			
A						

Typed or printed name of signee