

h22000213257

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(Document Number)

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2022 JUN -6 AM 8:02  
SECRETARY OF STATE  
TALLAHASSEE, FL

B McKNIGHT

AUG 15 2022

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

Akiras Omochaya, LLC

**SUBJECT:** \_\_\_\_\_  
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:

Nabila A Oteiza

\_\_\_\_\_  
Name of Person

Nabila Alexis Oteiza, LLC

\_\_\_\_\_  
Firm/Company

5420 27th Ave SW

\_\_\_\_\_  
Address

Naples, FL, 34116

\_\_\_\_\_  
City/State and Zip Code

Akirasomochaya@gmail.com

\_\_\_\_\_  
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 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 St., Suite 210  
Tallahassee, FL 32310

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SECRETARY OF  
STATE

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

Akiras Omochaya, 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 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 liability company here:**

Nabila Alexis Oteiza, LLC

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)**

1210 Baldwin Pl.

Lehigh Acres, FL, 33936

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

5420 27th AVE SW

Naples, FL, 34116

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2022 JUN -6 AM 8:00  
CLERK OF COURT  
HALL COUNTY, FL

**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.*

**MGR = Manager**  
**AMBR = Authorized Member**

**AMBR = Authorized Member**

[illegible]

[illegible]

**E. Effective date, if other than the date of filing:** \_\_\_\_\_ (optional)

**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.

12:00 A.m

Dated \_\_\_\_\_

Signature of a member or authorized representative of a member

Typed or printed name of signee

Typed or printed name of signee