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Office Use Only



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## **COVER LETTER**

TO:

Registration Section

Division of Corporations			
AK Newson	me LLC		
SUBJECT:	Name of Lim	ited Liability Company	<del></del>
The analoged Articles of	Amendment and fee(s) are sub	mitted for filing	
Please return all correspo	ndence concerning this matter	to the following:	
	Amber Newsome		
		Name of Person	
	<del> </del>	Firm/Company	
	4824 E. Okara Rd		
		Address	
	Tampa, FL 33617		
	aknewsomelle@gmail.com	City/State and Zip Code	
		to be used for future annual report not	ification)
For further information c	oncerning this matter, please c	all:	
Amber Newsome		813 390-5054 at ()	
Name o	f Person	Area Code Daytin	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)
Mailing Addres Registration S		Street Address: Registration Se	ection
Division of C	Corporations	Division of Co	rporations
P.O. Box 632 Tallahassee, 1		The Centre of 2415 N. Monro	Tallahassee oe Street, Suite 810
i alialiassee, l	1 to 26217	2713 M. MOINC	70 Direct, Durie 010

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

: : ED

AK Newsome LLC	2022 JUN 30 AH 8: 11
(Name of the Limited Lin	
The Articles of Organization for this Limited Liabilit	WALL AT ASO
1 22000245440	and absigned
Florida document number L22000265440	<del></del>
This amendment is submitted to amend the following	3:
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 AL	ODRESS)
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX	2
B. If amending the registered agent and/or regist agent and/or the new registered office address her	ered office address on our records, <u>enter the name of the new registere</u> :
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	. Florida
<del></del>	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>	<u>Name</u>	Address	Type of Action
MGR	Amber Newsome	4824 E Okara Rd. Tampa, FL 33617	□Add
			□Remove
			□Add
			□Remove
			□Change
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f an effective date is listed, Note: If the date inserte	than the date of filing:  June 03, 2022  (optional)  the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 and in this block does not meet the applicable statutory filing requirements, this date will not be listed as the on the Department of State's records.
locument's effective da	
	yed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
record specifies a delay d is filed.	yed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the 2022
record specifies a delay	
record specifies a delay d is filed.	