

L22 000529979

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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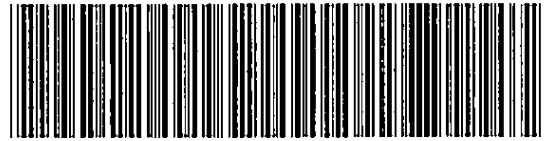
(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SANKOFA HOMES 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:

AKUSAKI MICHAEL TETTEH
Name of Person

SANKOFA HOMES LLC
Firm/Company

7901 4TH ST. N STE 300
Address

ST. PETERSBURG, FL, 33702
City/State and Zip Code

AKUSAKI MICHAEL @ YAHOO.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

AKUSAKI MICHAEL TETTEH at (850) 586 5982
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|--|--|---|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input checked="" type="checkbox"/> \$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

2023 JUN 13 AM 11:03
Filing Section

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

SANKOFA HOMES 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 DECEMBER 19, 2022 and assigned Florida document number L22000529979.

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 "LLC."

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

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>	<u>Address</u>	<u>Type of Action</u>
MGR	ZHUAI N AKUSAKI	93 DUNE LAKES CIRCLE	<input type="checkbox"/> Add
		APT J201 SANTA ROSA BEACH	<input checked="" type="checkbox"/> Remove
		FL 32459, U.S.A	<input type="checkbox"/> Change
MGR	AMIQU DARISON	93 DUNE LAKES CIRCLE	<input type="checkbox"/> Add
		APT J201 SANTA ROSA BEACH	<input type="checkbox"/> Remove
		FL 32459, U.S.A	<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change

2020 JUN 03
FALLING ROCK CREEK
MILLER

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

REDISTRIBUTE PERCENTAGES

AKUSAKI MICHAEL TETTEH 58%

ALLOTTEY KPAKPO 14%

PIUS SAANWIE 14%

AMIDU DARISON 14%

2023	3/1-5	April 03
St. Ignace		
Indiv. and Family		

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

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.

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 DECEMBER 30, 2021

Signature of a member of _____

Signature of a member or authorized representative of a member

AKUSAKI MICHAEL TETTEH

Typed or printed name of signee