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Certified Copies	_ Certificates	of Status
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R. HUNT O Z/24/23

COVER LETTER

TO: Registration Se Division of Con						
SUBJECT: A	kido Property	Group nited Liability Company				
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.				
Please return all correspo	ondence concerning this matter	to the following:				
·	-					
	Linst	lian Trit				
		Name of Person	·			
		Firm/Company				
		TimeCompany	₹			
	950	Alcala Dr				
		Address	22.5	3		
	St And	Alcala Dr Address yustine FL 32 City/State and Zip Code ri's @ orange parks to be used for future annual report notifi	%- 20 84 ∽⊂			
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	ch	ris @orange parko	-pa.com 严重	7.0		
	E-mail address: (to be used for future annual report notif	ication)	η ω		
For further information of	concerning this matter, please c	all:				
Name o	r	at ()	Telephone Number			
		,				
Enclosed is a check for the	he following amount:					
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy	S60.00 Filing Certificate of			
	Ost Million of Blatta	(additional copy is enclosed)	Certified Cop			
Mullian Addison		e				
<u>Mailing Addres</u> Registration 1		<u>Street Address:</u> Registration Sec	tion			
Division of Corporations		Division of Corr				

Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Aikido Property Group
(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)
ne Articles of Organization for this Limited Liability Company were filed on $\frac{2/13/23}{23}$ and assigned orida document number $\frac{23000079024}{23000079024}$.
nis amendment is submitted to amend the following:
. If amending name, enter the new name of the limited liability company here:
ne new name must be distinguishable and contain the words "Limited Liability Company," the designation "L.E.C" or the abbreviation "L.E.C."
nter new principal offices address, if applicable:
Principal office address MUST BE A STREET ADDRESS) - 3
100 1 100 100 100 100 100 100 100 100 1
nter new mailing address, if applicable:
1ailing address MAY BE A POST OFFICE BOX)
If amending the registered agent and/or registered office address on our records, <u>enter the name of the new regist</u> tent 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
w Registered Agent's Signature, if changing Registered Agent:
hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with ovisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and wept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is sing filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability of this change.

If Changing Registered Agent, Signature of New Registered Agent

If amerding 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 Name Address Type of Action 950 Alcala Dr XAdd Gillian Tait 25% Mbr St Augustine, FL 32086 | Remove ______CiChange 50% Nbr Valkyrie Real Estate 2918 N 21St Street Kindd

Management LLC

Tampa = L 33605 | CIRcomove _____ CIChange \square Add Remove ☐Remove ____ □Change □Remove □Remove _____ DChange

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Filing Fee: \$25.00