To:

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

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From:

Account Name : LEGALZOOM.COM INC.

Account Number : I20010000062 Phone : (323)962-8600 Fax Number : (323)389-0502

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN AKIKO AI LLC

Certificate of Status 1 07

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Electronic Filing Menu Corporate Filing Menu

Help T. LEMIEUX MAY 12 2023 ;֥

## **COVER LETTER**

TO: Registration Se		÷	<b>%</b>
AKIKO A	LLLC		.,
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filling.	
Please return all correspo	ondence concerning this matter	to the following:	
	Cheyenne Moseley		
		Name of Person	
	Legalzoom.com, Inc.		
		Firm/Company	
	101 N Brand Blvd 11th Fl		
		Address	
	Glendale, CA 91203		
		City/State and Zip Code	···
	irinavella@outlook.com	to be used for future annual report notifi	cation)
For further information (	concerning this matter, please of		
Cheyenne Moseley		800 773-0888	
Name	of Person	Area Code Daytime	Telephone Number
Enclosed is a check for t	he following amount:	·	
S25.00 Filing Fee	(1) \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
MAII	ing address:	STREET/COURI	ER ADDRESS:

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahasson, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

AKIKO AI LLC		
(Name of the Limited Liability Com (A Florida Limite	pany av <u>it now appears on our records.)</u> d Liability Company)	_
The Articles of Organization for this Limited Liability Compari Torida document number L23000212221	ny were filed on <u>05/01/2023</u> and	assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	shility company here:	
he new name must be distinguishable and contain the words "Limited Lia"	bility Company," the designation "LLC" or the abbreviation	"L.L.C."
Enter new principal offices address, if applicable:	2220 County Road 210 West, Suite 108-358	
(Principal office address MUST BE A STREET ADDRESS)	Jacksonville, FL 32259	
Enter new mailing address, if applicable:	2220 County Road 210 West, Suite 108-358	
······································		
Mailing address MAY BE A POST OFFICE BOX1  B. If amending the registered agent and/or registered	Jacksonvüle, FL 32259  office address on our records, enter the na	ne of the
Mailing address MAY BE A POST OFFICE BOX)  3. If amending the registered agent and/or registered registered agent and/or the new registered office address he	Jacksonvüle, FL 32259  office address on our records, enter the na	ne of the
Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or registered registered agent and/or the new registered office address he Name of New Registered Agent:	Jacksonvüle, FL 32259  office address on our records, enter the na	ne of the
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(Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or registered registered agent and/or the new registered office address he Name of New Registered Agent:  New Registered Office Address:	Incksonville, FL 32259  office address on our records, enter the nateries:  Enter Florida street address  City Zip Control of the performance of my duties, and I am familiar approvided for in Chapter 605, F.S. Or, if this as provided for in Chapter 605, F.S. Or, if this as	ode: omply with with and

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

To:

Title	Name	Address	Type of Action
AMBR	Irina Elena Vella		
			□ Remove
		2220 County Road 210 West, Suite 108-358, Jacksonville, FL 32259	E Change
<del></del>			Add
			□ Remove
		***************************************	Change
			D Add
			□ Remove
			□ Change
<del></del>			
			☐ Remove
			D Change
<del></del>			
			D Remove
			Cl Change
<del></del>			C) Add
			□ Remove
			□ Change

From: Laura Rodriguez

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 thing.) Pursuant to 605.0207.  Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as document's effective date on the Department of State's records.  The record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of The 90th day after the record is filled.		
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		Signature of a member or authorized representative of a member

Page 3 of 3

Filing Fee: \$25.60