L23000262690

(Re	questor's Name)	
(Ad	dress)	
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(Ad	dress)	
(Cit	y/State/Zip/Phone #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Name)	ı
(Do	cument Number)	
Certified Copies	Certificates of	Status
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Special Instructions to	Filing Officer:	i
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Office Use Only



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11/13/23--01009--006 **25.00

COVER LETTER

Registration Section

TO:

Division of Cor	porations		
LUKAS LL	C		
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Maxwell Lorow		
		Name of Person	
		Name of Ferson	
	AKD Consultants		
	,	Firm/Company	
	2240 Woolbright Rd Suite	406	
		Address	
	Boynton Beach, FL 33426		
		City/State and Zip Code	
	mlorow@akdconsultants.co		
	E-mail address: (to be used for future annual report no	tification)
For further information ed	oncerning this matter, please c	all:	
Maxwell Lorow		at () 767-3020 Area Code Daytir	
Name of	Person	Area Code Daytir	ne Telephone Number
Enclosed is a check for th	e following amount:		
	☐ \$30.00 Filing Fee &	C \$55.00 Filipp Fee &	□ \$60.00 tillion tine
_ 00000 Filling / CC /	Certificate of Status	Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address		Street Address:	
Registration S		Registration Sc	
Division of Co P.O. Box 632	•	Division of Co The Centre of	
Tallahassee, F			pe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Lin	Stead I fabilies Commence to	
(Same of the lan	uited Liability Company as it now appe (A Florida Limited Liability Company)	irs on our records.)
The Articles of Organization for this Limited Florida document number L23000262690	Liability Company were filed on $\frac{0}{2}$	5/30/2023 and assigned
This amendment is submitted to amend the fo		
A. If amending name, enter the new name	of the limited liability company b	ere:
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 appli	icable:	
(Principal office address MUST BE A STRE	ET ADDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B. If amending the registered agent and/or agent and/or the new registered office address.)	registered office address on our	records, enter the name of the new regis
Name of New Registered Agent:	AKD CONSULTANTS, LLC	
2242 11/20 DDIOLET 11/20 10/4		
New Registered Office Address:		rida street address
	BOYNTON BEACH	, Florida 33426
	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.

Using Dworn

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	Lucjana Hysaj	5003 Woods Edge Cir	≅ Add
		Riviera Beach, FL 33410	□Remove
			Change
MGR	Tador Hysaj	5003 Woods Edge Cir	□ Add
		Riviera Beach, Fl. 33410	□Remove
			□Remove
			Change
			□Add
			□ Remove
			□Change
			□Add
		 	□Remove
			□Change
			□Add
			□Remove
			□Change

	nation, enter change(s) here: (Attac	, received, y
<u>-</u>		
-		
. Effective date, if other than the (If an effective date is listed, the date in Note: If the date inserted in this document's effective date on the	block does not meet the applicable statu	(optional) filing or more than 90 days after filing.) Pursuant to 605.0207 (3) ttory filing requirements, this date will not be listed as the
the record specifies a delayed effect cord is filed.	ive date, but not an effective time, at 12.	:01 a.m. on the earlier of: (b) The 90th day after the
Dated November 3	2023	
The	2	
	Signature of a member or authorized repre	esentative of a member
Tador Hysaj		
	Typed or printed name of	Vernaa.

Filing Fee: \$25.00