

	(Requestor's Name)	
	(Address)	
	/A dd	
	(Address)	
	(City/State/Zip/Phone #)	
PICK-UP	WAIT	MAIL
	(Business Esphishless)	
	(Business Entity Name)	
-	(Document Number)	
Certified Copies	Certificates of S	Status
Special Instructions to	Filing Officer:	

Office Use Only

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08/08/23--01001--013 **25.00

R. HUNT

08/08/23

COVER LETTER

P.O. Box 6327

Tallahassee, FL 32314

TO: Registration Division of C				
cupiect.	OLS	ON OAKS, LLC		
SUBJECT:	Name of Lim	ited Liability Company		
The enclosed Articles	of Amendment and fee(s) are sub	mitted for filing.		
Please return all corres	spondence concerning this matter	to the following:		
	STACY SMALL			
		Name of Person		
	SMITH THOMPSON SH	AW		
		Firm/Company		20
	3520 THOMASVILLE RO	DAD - 4TH FLOOR		2023 AUG
		Address		8 - 9
	TALLAHASSEE, FL 323	09		
	harrisgreen@gmail.com	City/State and Zip Code		PH 12: 40
	- - -	to be used for future annual rep	port notification)	6
For further information	n concerning this matter, please c	all:		
STACY SMALL		850 893	3-4105	
Nam	e of Person	Area Code	Daytime Telephone Number	
Enclosed is a check fo	r the following amount:			
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclose	ed) Certified	c of Status &
<u>Mailing Add</u> Registratio	n Section		ion Section	
Division of	Corporations	Division a	of Comorations	

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	AKS, LLC		
(<u>Name of the Limited Liability Compa</u> (A Florida Limited	any as it now appe Liability Company	ears on our records.)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L23000331883</u>	and assigned		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	oility company	here:	
The new name must be distinguishable and contain the words "Limited Liabi	ility Company," th	e designation "LLC" or the abb	reviation "L,L.C."
Enter new principal offices address, if applicable:			2 <u>0</u>
(Principal office address MUST BE A STREET ADDRESS)			
			- ALG
		-	- 8 83.
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			2 25
		<u> </u>	
B. If amending the registered agent and/or registered office agent and/or the new registered office address here: Name of New Registered Agent:	address on our	records, <u>enter the name</u>	of the new registere
			
New Registered Office Address:	Enter F	lorida street address	
		, Flørida	
	City		Zip Code
New Registered Agent's Signature, if changing Registered Agent:	<u>.</u>		
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p	performance	of my duties, and I am fa	miliar with and

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>	Name	Address	Type of Action
MGR	ROBERT REID	1141 OCALA ROAD	
		TALLAHASSEE, FL 32304	■Remove
			□Change
			□Add
			□Remove
			DIVISION
			DIVISION OF CORPORATIONS 20個 AUG 38 PHEI2: 4個 Company of Corporations 10
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<u>Note:</u> If the da	e, if other than the is listed, the date mate inserted in this fective date on the	block does not	t meet the appl	licable statutor	ng or more that y filing requi	option 190 days after fi rements, this c	al) ling.) Pursuant late will not	to 605.0 be listed)207 I as
e record specified is filed.	īcs a delayed effect	ive date, but n	ot an effective	time, at 12:01	a.m. on the	earlier of: (b)	The 90th da	y after t	the
	8/7		2023						
) Dated				<u> </u>					
Dated		1) 1/1	CXXX ~						

Filing Fee: \$25.00