رُ

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.

(((H23000361457 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : MAC CPA LAW Account Number : I20220000137 : (787)433-7373 Phone : (787)433-7373 Fax Number

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

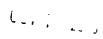
Email	Address:	

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN AK INTERNATIONAL GROUP LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

Electronic Filing Menu Corporate Filing Menu

Help



COVER LETTER

TO:	Registration Se Division of Cor		H23	0003614573
CIIID N		NATIONAL GROUP LLC		
SUBJI	ECT:	Name of Lim	ited Liability Company	
The en	closed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please	return all correspo	endence concerning this matter	to the following:	
		MARICARMEN APONT	E	
			Name of Person	
		MAC APONTE ADVISO	RS LLC	
			Firm/Company	
		11848 DUNE ALLEY		
			Address	
		ORLANDO, FL 32832		
			City/State and Zip Code	
		INFO@MACAPONTEAD		
For fu	that information o	E-mail address: (concerning this matter, please c	to be used for future annual report	notification)
			689 3099009	
MAKI	ICARMEN aPON		at ()	
	Name o	f Person	Area Code Day	rtime Telephone Number
Enclos	ed is a check for the	he following amount:		
≅ \$ 2	25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Addres		Street Address Registration	
	Registration : Division of C		Division of O	
	P.O. Box 632	27	The Centre of	of Tallahassee
	Tallahassee,	FL 32314	2415 N. Moi	aroe Street, Suite 810

Tallahassee, FL 32303

16-0ct-2023 16:32 From: +15732244050 p.3

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

H230003614573

AK INTERNATIONAL GROUP LLC		
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on o Liability Company)	ur records.)
The Articles of Organization for this Limited Liability Company Florida document number	were filed on	23 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designat	ion "LLC" or the abbreviation "L.L.C."
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 a agent and/or the new registered office address here: Name of New Registered Agent:	address on our record	s, enter the name of the new register
New Registered Office Address:		
	Enter Florida street address	
	City	, Florida Zip Code
New Registered Agent's Signature, if changing Registered Agent:	City	ząr cone
I hereby accept the appointment as registered agent and agreprovisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as pheing filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my de provided for in Chapte	uties, and I am familiar with and er 605, F.S. Or, if this document is
If Chan	iging Registered Agent, Sh	gnature 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	H230003614573	Type of Action
MGR	KEEMBERYURLEY MURILLO	9714 NONACREST DR		□Add
		ORLANDO,FL 32832		□ Remove
		10.00		B Change
				□Add
				□Remove
				□Change
				□Add
				□Remove
				□Change
				□Remove
				Change
	·		····	🗀 Add
				□Remove
		-		□ Change
				
				Remove
				□Change

16-0ct-2023 16:33 From:

Correct na	me is: Keemberyurley				
			· - ·		
			······································		
					
					
				·····	
				•	
-				***************************************	
ective date, i	if other than the date o	of filing:		(optional)	
n effective date in te: If the date	is listed, the date must be spe- e inserted in this block does tive date on the Departme	cific and cannot be prior es not meet the applic	able statutory filing requi	90 days after filing.) Pursi	
ecord specifies is filed.	a delayed effective date,	but not an effective ti	me, at 12:01 a.m. on the	carlier of: (b) The 90th	ı day after the
ted		Q2023P1	!-	4	61 1230003 4573
		MACA	70	•	

Typed or printed name of signee