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(((H23000368918 3)))



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Division of Corporations

Fax Number : (850)617-6383

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From:

Account Name : MAC CPA LAW Account Number : 120220000137 Phone : (787)433-7373 Fax Number : (787)433-7373

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

Email Address:______

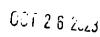
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COVER LETTER



H230003689183

TO:	Registration Se Division of Cor			H23000.
SUBJE		NATIONAL GROUP LLC		
SUBJE		Name of Lim	ited Liability Company	
The end	closed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please r	return all correspo	ondence concerning this matter	to the following:	
		MARICARMEN APONT	E-COLON	
			Name of Person	
		MAC APONTE ADVISOR	RS LLC	
			Firm/Company	
		11848 DUNE ALLEY		
			Address	
		ORLANDO,FL 32832		
			City/State and Zip Code	
		INFO@MACAPONTEAD		
		E-mail address: (to be used for future annual report notifi	cation)
For furt	her information c	oncerning this matter, please of	all:	
MARIO	CARMEN APON	TE-COLON	689 309-9009 at ()	
	Name o	f Person	Area Code Daytime	Telephone Number
Enclose	ed is a check for the	ne following amount:		
■ \$25	5.00 Filing Fee	☐ \$30.00 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 Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

H230003689183

AK INTERNATIONAL GROUP LLC			· · · · · · · · · · · · · · · · · · ·
(<u>Name of the Limited Liability Compan</u> (A Florida Limited Li	v as it now appears ability Company)	on our records.	
The Articles of Organization for this Limited Liability Company vi Florida document number L23000404234	were filed on 08-2	8 2023	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabil	lity company her	<u>e:</u>	
The new name must be distinguishable and contain the words "Limited Liability	ty Company," the des	ignation "LLC" or the abb	previation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)			
			aš
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
		<u></u>	
B. If amending the registered agent and/or registered office a	ddress on our rec	ords, enter the name	of the new registered
agent and/or the new registered office address here:		, <u></u>	ហ
Name of New Registered Agent:	<u> </u>		
New Registered Office Address:			
	Enter Florid	lu street address	
		, Florida	
	City		Zip Code
New Registered Agent's Signature, if changing Registered Agent:			
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office of company has been notified in writing of this change.	performance of n rovided for in Ch	ny duties, and I am fo napter 605, F.S. Or, i	amiliar with and if this document is

If Changing Registered Agent, Signature of New Registered Agent

+15732244050

p.6

25-Oct-2023 13:40 From:

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 H230003689183 AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
MGR	KEEMBERYURLEY MURILLO GALEANO	9714 NONACREST DR	
		ORLANDO,FL 32832	□Rcmove
	H230003689183		⊟ Change
			Add
			□Remove
			Change
			□Remove
			Change
			□Add
			□Remove
			Change
		□Add	
		□Remove	
			Change
			□Remove
			□ Change

25-Oct-2023 13:40 From: +15732244050 p.7

	PLEASE INCLUDE LAST NAME "GAELANO; IN ADDITION TO MURILLO . COMPLETE NAME SHOULI
	KEEMBURLEY MURILLO GALEANO
•	
-	
-	
-	
•	
•	
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-	····································
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(If an off Note:	(optional) feetive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3) If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the sent's effective date on the Department of State's records.
the record cord is fi	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the led.
Dated	10-23-2023
	Signature of a member or authorized representative of a member
	WALTER A PACHON HERNANDEZ
	Typed or printed name of signee