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COVER LETTER

TO: Registration Section

P.O. Box 6327

Tallahassee, FL 32314

Division of Corporations	
SUBJECT: AKIM BONYOSHOD I	LC
Name of Elmite	d Liability Company
The enclosed Articles of Amendment and fee(s) are submi	itted for filing.
Please return all correspondence concerning this matter to	the following:
- Wilbert 7	Name of Person
_Akim Barl	Firm/Company
824 Wint	CS Street Address
west pa	In Buch FL 33465 City/State and Zip Code
E-mail address: (to	be used for future annual report notification)
For further information concerning this matter, please cal	1:
Wilbert Pierre Name of Person	at (501) 574-1526 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:	☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee.
☐ \$25.00 Filing Fee ☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed)
Mailing Address:	Street Address: Registration Section
Registration Section Division of Corporations	Division of Corporations

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

1 	
iny as it now appears on our records.) Liability Company)	
were med on 4105/2024	and assigned
ility company here:	
S24 Wirters ST	breviation "L.U.C."
824 Winters St West Palm Beach	, FL 33405
address on our records, enter the nam	e of the new registered
Enter Florida street address	
emeer ton aa street aaaress	-
	Zip Code
	ility company here: Sity Company," the designation "LLC" or the ab S24 Winters St WCST Palm Beach

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.

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
AMBR	Wilbert Pierre	824 Winters of w.p.b.f	L DAdd
			□Remove
			□ Change
Angr	Berlinda Barthelemy		DAdd
o			□Remove
			□Change
			□Add
			□Remove
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			🖸 Remove
			□Change

Effect	ive date, if other than the date of filing:
f an ef	fective 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 (2)
	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as trainent's effective date on the Department of State's records.
	·
reco	rd 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
d is f	· · · · · · · · · · · · · · · · · · ·
Dated	
	ud. F
	Signature of a member or authorized representative of a member Typed or printed name of signee
	Willhest Dieuse
	MINOR TICH