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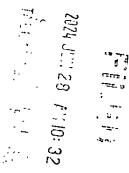
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## **COVER LETTER**

TO: Registration Sec Division of Corp			
SUBJECT:	AKIRA	1.1 C.	
	Name of Limi	ited Liability Company	
The enclosed Articles of A	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspon	ndence concerning this matter	to the following:	
	Kaira Carolis	Name of Person	DE CHACON
	AKIE	Firm/Company	
	751	TSAA CUILL	E De
	Ofan	Address  Jdo FL. 3.  City/State and Zip Code	2809
	<u>Kairolinal</u>	to be used for future annual rep	LOM
For further information co	oncerning this matter, please ca	all:	
KAIRA C P	Person	at ( <u>407</u> ) Area Code	969 - 3523 Daytime Telephone Number
Enclosed is a check for th	e following amount:		
▼ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fec, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address Registration S Division of Co P.O. Box 632 Tallahassee, F	ection orporations 7	Division of The Centre	ress:  on Section of Corporations re of Tallahassee Monroe Street, Suite 810
ranunasset, r	· ·		ee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	AKIRA	LLC				
(Name of the Limited	Liability Company	as it now appears on bility Company)	our records.)			
(*	A rionda Limited Lia	ionity Company)	=		~	
The Articles of Organization for this Limited Lia	bility Company w	ere filed on	06/18/20	24	ind as	ssigned
Florida document number	15972		/	Ξ	=	tation >
· · · · · · · · · · · · · · · · · · ·	<u></u> ,			•	20	1
This amendment is submitted to amend the follow	ving:			•		<del>ा. ।</del> . भ र
				:,- '		
A. If amending name, enter the new name of t	<u>the limited liabili</u>	ty company here:		-	<u>Ö</u>	×4
•					$\frac{\omega}{\infty}$	_
The new name must be distinguishable and contain the wor	rds "Limited Liability	Company." the design	ation "LLC" or th	e abbrev	iation "	LLC"
<b>0</b>						
Enter new principal offices address, if applical	ble:					
(Principal office address MUST BE A STREET	(22ADDRESS					
The same of the sa	71D D IL DOG					<del></del>
Enter new mailing address, if applicable:						
	OV)					
(Mailing address MAY BE A POST OFFICE B	<u>0.0</u>		<del></del>			
B. If amending the registered agent and/or reg	gistered office ad	dress on our recor	ds, enter the n	ame of	the ne	ew registered
agent and/or the new registered office address			,			
Name of New Registered Agent:	KAIRA	CAROLINA	RACTION	DE	CH	acod
And of the Megistered rigeria.			7,77,1740.00			ILZZZN
New Registered Office Address:	<u> 751</u>	IS AACVILL				
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	Orl	molo	, Florida		328 ( Lip Code	<u> </u>
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## 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 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

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ecord specis filed.	ifies a delayed effective date	, but not an effec	tive time, at 12:0	01 a.m. on th	e earlier of: (l	b) The 90th	day after th
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	KAIRA C	. A folinia	BARRIO	- c >>	- Ou	CON	

Filing Fee: \$25.00