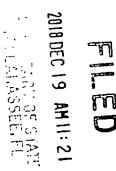
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PICK-UP	MAIT	MAIL
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Certified Copies	Certificates	of Status
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CEPARTMENT OF STATE
DIVISION OF COSTORATIONS
TAIL ARASSIT FLORIDA

RECEIVED

C. GOLDEN
DEC 2 0 2018



COVER LETTER

TO: Amendment Section Division of Corporations	,
NAME OF CORPORATION:	AKRB Corporation
DOCUMENT NUMBER:	03000041136
The enclosed Articles of Amendment and fee a	are submitted for filing.
Please return all correspondence concerning the	is matter to the following:
Eu	S Name of Contact Person
419	Firm/Company Summerblooke Drive Address 19/10/06/06/06/06/06/06/06/06/06/06/06/06/06
	19/10/assce F2 32312 City/ State and Zip Code
Vebeko E-mail address: (to	be used for future annual report notification)
For further information concerning this matter	, please call:
Rebekah Rive Name of Contact Person	Area Code & Daytime Telephone Number
Enclosed is a check for the following amount is	made payable to the Florida Department of State:
\$35 Filing Fee Certificate of Sta	
Mailing Address Amendment Section	Street Address Amendment Section
Division of Corporations	Division of Corporations
P.O. Box 6327	Clifton Building
Tallahassee, FL 32314	2661 Executive Center Circle

Tallahassee, FL 32301

FILED

Articles of Amendment

to

2018 DEC 19 AM II: 21

Articles of Incor	rporation	орет
of	Z Z ZALLAHAS	SSEE.F
AKZ13_	(or pox a 7100)	
(Name of Corporation as currently	filed with the Florida Dept. of State)	
P03	0000 41736	
(Document Number of C	Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this Flits Articles of Incorporation:	Torida Profit Corporation adopts the following amendment	(s) to
A. If amending name, enter the new name of the corporation:	N/A The new	
name must be distinguishable and contain the word "corporation, "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Coword "chartered," "professional association," or the abbreviation "P	Co". A professional corporation name must contain the	
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	<u>N/4</u>	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	414 Summerbrook Tallahassee, FZ	212
D. If amending the registered agent and/or registered office address: N N		
Name of New Registered Agent // //		
(Florida stree	et address)	
New Registered Office Address:	, Florida	
K	City) (Zip Code)	
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar wi	ith and accept the obligations of the position.	

Signature of New Registered Agent, if changing

address of each Office (Attach additional shee Please note the officer: P = President; V = Vio Executive Officer; CFO held. President, Treass Changes should be not a change, Mike Jones of Mike Jones, V as Remo	er and/or lets, if neces director tiles or Presider O = Chief urer, Directed in the fel leaves the c	Director being added: isary) tle by the first letter of the offi it: T= Treasurer; S= Secreta Financial Officer. If an offic tor would be PTD.	ice title: ry; D= Director; TR= cer/director holds more John Doe is listed as th	Trustee: C = Chairman or Clerk: CEO = Chiefe than one title, list the first letter of each office e PST and Mike Jones is listed as the V. There is a should be noted as John Doe, PT as a Change,
Example: X Change	PI	John Doe		
X Remove	<u>v</u>	Mike Jones		
_X Add	<u>\$V</u>	Sally Smith		
Type of Action (Check One) 1) Change Add Remove	Title V	Name Rebekal	h River	414 Simme brasie Drive Tallahassee, Fz
2) Change Add				
Remove 3) Change Add Remove				
4) Change Add				
Remove 5) Change Add Remove				
6) Change				

____ Remove

NA	additional Articles, enter chas, if necessary). (Be specific)			
	•			
/Y//1				
/				
<u></u>				
				
			_	
		 		
			<u></u>	
an amendment Di	ovides for an exchange, recla	ssification, or cancella	tion of issued shares.	
provisions for impl	menting the amendment it n	ot contained in the an	rendment itself;	
(if not applicab	e, indicate N/A)			
Tolla				
NA				
IN/A				
]N/A				
/N/A				
]N/A			<u>.</u>	<u></u>
]N/A				

The date of each amendment(s) as date this document was signed.	, i	f other than th
Effective date if applicable:		_
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this be document's effective date on the De	block does not meet the applicable statutory filing requirements, this date will not epartment of State's records.	be listed as t
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were add by the shareholders was/were su	opted by the shareholders. The number of votes cast for the amendment(s) afficient for approval.	
	proved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):	
"The number of votes cast	for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
The amendment(s) was/were adaction was not required.	opted by the board of directors without shareholder action and shareholder	
☐ The amendment(s) was/were adaction was not required.	opted by the incorporators without shareholder action and shareholder	
Dated	12 18 18	
Signature	director, president or other officer - if directors or officers have not been	
(By a	ed, by an incorporator — if in the hands of a receiver, trustee, or other court	
	nted fiduciary by that fiduciary)	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	