

L18000264833

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

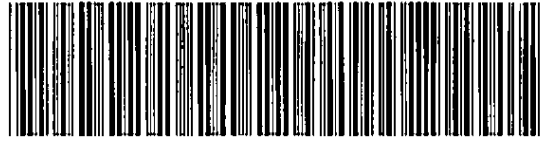
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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JUN 21 P 1:48  
T. LEMMON

T. LEMMON  
JUL 19 2019

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Ac Services Group LLC  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Miguel A. Amador Jr.  
Name of Person

Ac Services ~~Group~~ LLC  
Firm/Company

4220 Chase Avenue.  
Address

Jacksonville FL 32209.  
City/State and Zip Code

store107@Pierreentry.com  
E-mail address (to be used for future annual report notification)

For further information concerning this matter, please call:

Miguel A Amador Jr. at (904) 302-1788  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- \$25.00 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/COURIER ADDRESS:  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

Ac Services Group LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

FILED

The Articles of Organization for this Limited Liability Company were filed on 11/13/2018 and assigned Florida document number L18000264833 and assigned NOV 27 P 1:48

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

4220 CHASE AVENUE  
JACKSONVILLE FL  
32090

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

4220 CHASE AVENUE  
JACKSONVILLE FL  
32090

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

MIGUEL A. AMADOR JR.

New Registered Office Address:

4220 CHASE AVENUE  
Enter Florida street address

JACKSONVILLE, Florida 32209  
City Zip Code

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.

Miguel A. Amador Jr.  
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

Title	Name	Address	Type of Action
MGR	BRANDON J. CHEAL	2481 C. H. ARNOLD Rd	<input type="checkbox"/> Add
		ST. Augustine FL	<input checked="" type="checkbox"/> Remove
		32092.	<input type="checkbox"/> Change
MGR	Cecilia R. Gibson	157 Andress St.	<input checked="" type="checkbox"/> Add
		Jacksonville	
		Jop, Florida 32208	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Multiple horizontal lines for handwritten amendments.

E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)  
(If an effective 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)(b)  
**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record 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 record is filed.

Dated 6/24/2019 . 2019 .

Miguel A Amador  
Signature of a member or authorized representative of a member

Miguel A Amador JR.  
Typed or printed name of signee