

4/24/24, 9:16 AM

Division of Corporations

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Florida Department of State  
Division of Corporations  
Electronic Filings

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To: Division of Corporations  
Fax Number : (850)617-6383

From: Account Name : FINDWAY SOLUTIONS CORP  
Account Number : I2022000085  
Phone : (954)591-0317  
Fax Number : (954)591-0317

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

Email Address: \_\_\_\_\_

2024 APR 23 11:03:50

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
ACM HOLDING COMPANY LLC

Certificate of Status	0
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Page Count	01
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DIVISION OF CORPORATIONS  
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APR 25 2024

T. LEMMON

### COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: ACM HOLDING COMPANY 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:

LUIS CONTRERAS

Name of Person

Firm/Company

8180 NW 36TH ST STE 323

Address

DORAL FL 33166

City/State and Zip Code

CONTINSURSERVICES@GMAIL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

LUIS CONTRERAS

305 9057180

Name of Person

at ( )

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)

**MailingAddress:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**StreetAddress:**

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

ACM HOLDING COMPANY LLC

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

The Articles of Organization for this Limited Liability Company were filed on 03/20/2024 and assigned Florida document number L24000136778.

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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

**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: \_\_\_\_\_

New Registered Office Address: \_\_\_\_\_

*Enter Florida street address*

*City*

*Florida*

*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.*

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	MARIANGELA AVILES	5274 NW 114TH AVE APT 203	<input checked="" type="checkbox"/> Add
		DORAL FL 33178	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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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.)*

(This section contains multiple horizontal lines for entering 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: (h) The 90th day after the record is filed.

Dated 04/24/2024 9:05AM

Luis Contreras  
Signature of a member or authorized representative of a member

LUIS CONTRERAS  
Typed or printed name of signee