

L15000064968

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

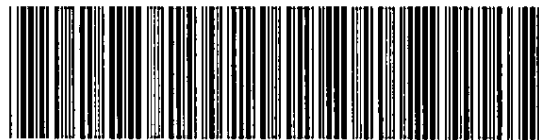
(Business Entity Name)

(Document Number)

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FILED
OCT 16 PM 11:16
FILING OFFICE

D. SCOTT

OCT 18 2017



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 2, 2017

ACUREX, LLC
1000 PONCE DE LEON BLVD
211
CORAL GABLES, FL 33134

SUBJECT: ACUREX, LLC
Ref. Number: L15000064968

We have received your document for ACUREX, LLC, however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$25.00.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Dionne M Pijaux
Regulatory Specialist

Letter Number: 817A00019815

RECEIVED
2017 OCT 16 PM 2:57
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ACUREX, 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:

Claudia M Garcia
Name of Person

ACUREX, LLC
Firm/Company

1000 Ponce de Leon Blvd suite 211
Address

Coral Gables, FL 33134
City/State and Zip Code

claudia.m.vargas@hotbeats1.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Claudia M Garcia at (786) 395 5511
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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**

Acacia, 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 4/17/2015 and assigned Florida document number 21500004968.

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 "LLC."

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:

Christian M. Gorman

New Registered Office Address:

1001 Ponce de Leon Blvd., Suite 211

Enter Florida street address

Orlando

City

Florida

32134

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.

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	Don & Wilton Lachar	1000 River de Leon Blvd	<input type="checkbox"/> Add
		Suite 20, Canal Corales	<input checked="" type="checkbox"/> Remove
		Ed 33034	<input type="checkbox"/> Change
AMBR	Miguel D Gonzalez	1000 River de Leon Blvd	<input type="checkbox"/> Add
		Suite 20, Canal Corales	<input type="checkbox"/> Remove
		Ed 33034	<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Change

91103 152


(optional)

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.

(b) The 90th day after the record is filed.

9/22, 2019

9/30, 2010



or _____ authorized representative of a member

Claudio Alcaraz