116000007927

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone #)
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COVER LETTER

TO:	Registration Sec Division of Corp		•	
		Acuity SN	IC, LLC	
SUBJ	ECT:	Name of Limit	ed Liability Company	·····
The c	nclosed Articles of A	Amendment and fee(s) are subn	nitted for filing.	, ,
Please	e return all correspor	ndence concerning this matter t	o the following:	
			Sonia Becerra	
			Name of reison	
			Swyft Filings, LLC	
			Firm/Company	
		120	605 East Freeway, Suite 540	
			Address	
			Houston, Texas 77015	
			City/State and Zip Code	
			filings@swyftfilings.com	
		E-mail address: (t	o be used for future annual report notif	heation)
For fi	urther information co	oncerning this matter, please ca	ill:	
	Sonia B	ecerra	at (877) 777-04	50
	Name o		Area Code Daytime	c Telephone Number
Encle	osed is a check for the	ne following amount:		
阿 5	325.00 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

Acuity SMC, LLC

(Name of the Limit	ed Liability Company as it now appear (A Florida Limited Liability Company)	s on our records.)	
The Articles of Organization for this Limited Li Florida document numberL16000007923	ability Company were filed on	01/12/2016	and assigned
This amendment is submitted to amend the follo	owing:		
A. If amending name, enter the new name of	f the limited liability company he	ire:	
The new name must be distinguishable and contain the w	vords "Limited Liability Company," the d	esignation "LLC" or the a	~ <u>~ </u>
Enter new principal offices address, if applic	able:		MAR H
(Principal office address MUST BE A STREE	T ADDRESS)		27 ASS
		- 	70 mg
			F [0
Enter new mailing address, if applicable:			— & 2 2
(Mailing address MAY BE A POST OFFICE	<u>BOX)</u>		<u> </u>
B. If amending the registered agent and registered agent and/or the new registered of	or registered office address or	our records, <u>ente</u>	r the name of the n
Name of New Registered Agent:	LegalCorp Solutions,	LLC	
New Paulatanad Office Addrong	3440 W Hollywood E	Blvd. Suite 415	
New Registered Office Address:	Enter Flo	rida street address	
	Hollywood	, Florida _	33021
	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.

Travis Crabtree, OBO
LegalCorp Solutions, LLC
LegalCorp Solutions, LLC
LegalCorp Solutions, LLC
LegalCorp Solutions, LLC

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 = Authorizèd Member				
<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action	
			Add	
			Remove	
			Change	
			□ Remove	
			Change	
			□ Add	
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record The 90	d specifies a d th day after t	elayed effectiv he record is fil	ve date, ed.	but not	an effectiv	ve time, at	12:01 a.r	n. on the ea	ırlie
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