

(((H20000019432 3)))

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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(((H20000019432 3)))



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## To:

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

## From:

Account Name : MORAN KIDD LYONS JOHNSON, P.A.  
Account Number : I20000000003  
Phone : (407)841-4141  
Fax Number : (407)841-4148

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

Email Address: Kseng@morkidd.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
ACH OF AMERICA, LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

2020 JAN 17 PM 1:26

FILED  
2020 JAN 17 AM 11:49  
SECRETARY OF STATE  
TALLAHASSEE, FL

## COVER LETTER

TO: Registration Section  
Division of Corporations

(((H20000019432 3)))

SUBJECT: ACH OF AMERICA 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:

KENNETH S. GLUCKMAN

Name of Person

MORAN KIDD LYONS JOHNSON GARCIA, P.A.

Firm/Company

111 N. ORANGE AVENUE, SUITE 900

Address

ORLANDO, FLORIDA 32801

City/State and Zip Code

kgluckman@morankidd.com

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

For further information concerning this matter, please call:

KENNETH S. GLUCKMAN

407

841-4141

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)Mailing Address:

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

Street Address:

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

(((H20000019432 3)))

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

((H20000019432 3)))

ACH OF AMERICA 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 09/30/2002 and assigned Florida document number: L02000025498

This amendment is submitted to amend the following:

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

CCSH MANAGEMENT LLC

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)**

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TALLAHASSEE, FL  
2020 JAN 17 AM 11:49  
"C" abbreviation

**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

\_\_\_\_\_, Florida \_\_\_\_\_  
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.*

**If Changing Registered Agent, Signature of New Registered Agent**

(((H20000019432 3)))

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

((H20000019432 3)))

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change

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((H20000019432 3)))

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

2020 JAN 17 AM 11:49  
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74  
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**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 1-15

2020

Signature of a member or authorized representative of a member

Kenneth S. Gluckman, attorney  
Typed or printed name of signee  
for company

((H20000019432 3)))

**Filing Fee: \$25.00**