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EXAMINER

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ROSE & ROSE, P.A.

ANDREW C. ROSE*

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*ALSO LICENSED IN TEXAS

1800 N.W. CORPORATE BLVD. SUITE 302 BOCA RATON, FL 33431 TELEPHONE: 561·394·4995 BROWARD LINE: 954·561·5000 FACSIMILE: 561·417·6692

Fort Lauderdale Location:
THE WILTON CENTRE-STE. 400
2101 NORTH ANDREWS AVENUE
FORT LAUDERDALE, FL 33311
REPLY TO: BOCA RATON

of counsel: ROBERT L. KING JANEVERIDER 8, 2009

Registration Section Division of Corporations PO Box 6327 Tallahassee, FL 32314

RE:

ACL Holdings, LLC

File No.: PAR-8862

Dear Sir or Madam:

Enclosed please find for filing the Articles of Amendment to the Articles of Organization for the above. Our check representing the required filing fee of \$25.00 is enclosed.

Should you have any questions, please do not hesitate to contact me.

Sincerely,

PETER A. ROSE, ESQ.

For the Firm

PARAIF

Enclosure

Signed in Mr. Rose's absence to expedite delivery.

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ACL Holdings	LLC
(Name of the Limited Liability Company (A Florida Limited Lia	as it now appears on our records.) bility Company)
The Articles of Organization for this Limited Liability Company with Florida document number <u>L 05 00006143</u>	where filed on $\frac{01/20/2005}{3}$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabili	ty company here:
The new name must be distinguishable and end with the words "Limite "L.L.C."	d Liability Company," the designation "LLC" or the abbreviation
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 registered agent and/or the new registered office address here:	ee address on our records, enter the name of the new
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	Florida
	City Zip Colle
New Registered Agent's Signature, if changing Registered Agent:	S IAFI
I hereby accept the appointment as registered agent and agree	to act in this capacity. I further agree to comply with

If Changing Registered Agent, Signature of New Registered Agent

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 608, 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 amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member <u>Address</u> <u>Title</u> <u>Name</u> Type of Action ___Add Remove ☐ Add Remove ∏Add Remove \square Add Remove \square Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated _ Louis BIANCOII Tr Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00