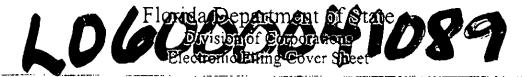
Division of Corporations



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H20000150298 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : MCLIN & BURNSED P.A.

Account Number : 104657003604 Phone

: (352)753-4690

Pax Number

: (352)751-4993

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

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN ACR FAMILY COMPONENTS, LLC

| Certificate of Status | 0 |
|-----------------------|---------|
| Certified Copy | 0 |
| Page Count | 05 |
| Estimated Charge | \$25.00 |

O SIMMON

MAY 21 2020

Electronic Filing Monu

Corporate Filing Menu

Help

COVER LETTER

| | Registration S Division of Co | | | |
|--------------|--|---|--|--|
| SUBJECT | ACR Fami | ily Components, LLC | | |
| 5211022 | Name of Limited Liability Company | | | |
| The enclos | sed Articles of | Amendment and fee(s) are sub | omitted for filing. | |
| | | ondence concerning this matter | _ | |
| | | Sarah E. Uhrik | | |
| | | | Name of Person | |
| | | McLin Burnsed | | |
| | | | Firm/Company | |
| | | 1028 Lake Sumter Landing | g | |
| | | | Address | |
| | | The Villages, FL 32162 | | |
| | | | City/State and Zip Code | |
| | | SarahU@mclinburnsed.com | to be used for future annual report noti | fication |
| For further | information o | concerning this matter, please c | · | nounding |
| Sarah E. U | | , a cost, pro cost | 352 259-5011 | |
| | | f Person | at () Area Code Daytim | e Telephone Number |
| | | | , , , , , , , , , , , , , , , , , , , | |
| Enclosed is | s a check for ti | ne following amount: | | |
| ■ \$25.00 | Filing Fee | S30.00 Filing Fee & Certificate of Status | S55.00 Filing Fee & Certified Copy (additional copy is enclosed) | ☐ \$60.00 Filing Fcc, Certificate of Status & Certified Copy (additional copy is enclosed) |
| R D P. | ailing Address egistration Sivision of Co. Box 632 allahassee, H | Section orporations 7 | Street Address: Registration Second Division of Core The Centre of Tallahassee, FL | porations fallahassee c Street, Suite 810 |

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF AM 10: 49

| ACR Family Components, LLC | | | ·: | |
|--|--|--|-----------------------------|-------------------|
| (Name of the Lin | tited Liability Comp (A Florida Limited | pany as it now appears I Liability Company) | on our records.) | |
| The Articles of Organization for this Limited Florida document number L06000041089 | Liability Compan | | | and assigned |
| This amendment is submitted to amend the fo | llowing: | | | |
| A. If amending name, enter the new name | of the limited lia | bility company her | <u>-e</u> : | |
| N/A | | | | |
| The new name must be distinguishable and contain the | words "Limited Lish | ility Company," the de- | signation "LLC" or the abbr | vistion "L.L.C." |
| Enter new principal offices address, if appli | | N/A | | |
| Principal office address MUST BE A STRE | ET ADDRESS) | | | |
| | | | | |
| | | | | |
| Enter new mailing address, if applicable: | | N/A | | <u> </u> |
| <u>Mailing address MAY BE A POST OFFICE</u> | BOX) | | <u> </u> | |
| | | | | |
| B. If amending the registered agent and/or | registered office | address on our rec | cords, enter the name o | of the new regist |
| gent and/or the new registered office addre | ess here: | | | |
| Name of New Registered Agent: | Sarah E. Uhrik | , Esq. | | |
| New Registered Office Address: | 1028 Lake Sun | nter Landing | | |
| | | Enter Flortd | la street address | |
| | | | | |
| | The Villages | | , Florida <u>3216</u> 2 | ! |

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 Chayging Registered Agent, Signature of New Registered Agent

352-751**-**4993

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 | | | * -1 3 | |
|---------------|-------------------|-------------|-----------|-----------------|
| AMBR = A | Authorized Member | 2020 HAY 20 | AH 10: 49 | |
| Title | <u>Name</u> | Address | ,- ;· | Type of Action |
| | | | • :- | □Add |
| | | | | ©Remove |
| | | | | ☐ Change |
| | | | | □Add |
| | | | | □Remove |
| | | | | □Change |
| | | | | |
| | | · | | Remove |
| | | | | Change |
| | | | | □/\dd |
| | | | | □Remove |
| | | | | □Change |
| | | | | □Add |
| | | <u> </u> | | □Remove |
| | | | | ☐ Change |
| | | | | □Aċd |
| | | | | ПСтоvе |
| | | | | □Chau ae |

. . .

| : | roding any other information, enter change(s) here: (அம்மி ரிரிர்ஞ்ஞி எழ்ந்துமுற்றுகள்ற) 🗥 |
|------------------------------------|--|
| • | and the second of the second o |
| | |
| | |
| | |
| | · · · · · · · · · · · · · · · · · · · |
| | |
| - | The state of the s |
| | |
| | |
| | |
| | |
| - | |
| | |
| . | |
| | |
| P (Sec.) | |
| Note: If | (optional) (ive date is fixed, the date must be specific and counted be prior to date of filing or music than 90 days after filing 3 Pursuant to 695,0207 (236) the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the tris effective date on the Department of State's records. |
| If the record's record is filed | pecifies a delayed effective date, but not an effective time, at 12,01 a.m. on the earlier of: (b) The 90th day after the |
| Dated _ | 2020 Suprature of a member of muthorized representative of a member |
| | Suprature of a member or multiorized representative of a member |
| | Arthur V. Rayey Jr. Manager |