

L070000081702

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

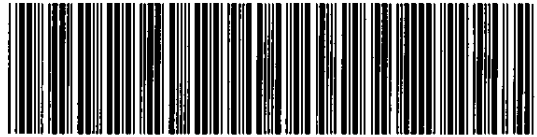
Special Instructions to Filing Officer:

L. SELLERS

APR 21 2009

EXAMINER

Office Use Only



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04/20/09--01022--007 **25.00

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09 APR 20 AM 8:18

SECRETARY OF STATE
TALLAHASSEE FLORIDA

The Law Office of Leslie Quinn, P.L.

Leslie Quinn **Licensed in Texas and Florida

16910 S U.S. Hwy 441, Suite 205, Summerfield, FL 34491
Summerfield: (352) 347-6318 / Ocala: (352) 629-1251
Facsimile (352) 307-3473

April 14, 2009

Department of State
Division of Corporations
Corporate Filings
P.O. Box 6327
Tallahassee, FL 32314

Re: ACET Financial Services, LLC

To Whom It May Concern:

Enclosed is the form to amend the Articles of Organization of ACET Financial Services, LLC, as well as our check in the amount of \$25.00 for the filing fee.

If you have any questions or concerns, please do not hesitate to contact our office.

Sincerely,

A handwritten signature in black ink, appearing to be 'L. Quinn', with a long, sweeping horizontal line extending to the right.

Leslie Quinn

Encl.

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

ACET Financial Services, 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 9/12/2007 and assigned
Florida document number L07000081702.

This amendment is submitted to amend the following:

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

ACET Insurance and Financial Services, LLC

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

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:

New Registered Office Address:

(Enter Florida street address)

Florida

(City)

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 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 Changing Registered Agent, Signature of New Registered Agent)

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09 APR 20 AM 8:08
TALLAHASSEE
SECRETARY OF STATE

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:

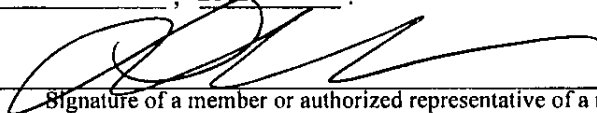
MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Dated April 14

2009



Signature of a member or authorized representative of a member

Leslie Quinn

Typed or printed name of signee

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 TALLAHASSEE FLORIDA