L08000006427

(Requestor's Name)				
(Address)				
(Ad	dress)			
(Cit	ry/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
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(Do	cument Number)			
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Certified Copies	_ Certificates	s of Status : .		
Special Instructions to	Filing Officer:			
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SECRETARY OF STATE TALLAHASSEE, FLORIDA

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B. KOHR

AUG 2 6 2009

EXAMINER

COVER LETTER

TO: Registration So Division of Con				
SUBJECT:	ACON	LLC		
SUBJECT:	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sul	bmitted for filing.		
	ondence concerning this matter	_		
		Han L Chiù		
		Name of Person		
		(and of Ferson	s faire	9
		Firm/Company	P	馬丁
		Ave A		O9 AUG 24 PM 1: 15
		Address	- 1	
	F. F	Address -almouth, MASS City/State and Zip Code Manl Chiu a Jah to be used for future annual report notifi	62536	02.15
		City/State and Zip Code		
	F. mail address:	hanlchiu a yah	oo. Com	16.7
For further information of	concerning this matter, please of		currony	
1				
Han l	- Chia	at (508) 540 0 Area Code & Daytimo	o 54	
Name o	f Person	Area Code & Daytime	e Telephone Number	
Enclosed is a check for the	he following amount:			
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed		Status &
	ING ADDRESS:	STREET/COURI		
Registr	ration Section	Registration Section		

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

Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	투의 🗲		
(Name of the Limited Liability Compa (A Florida Limited L	Le Est		
(<u>Name of the Limited Liability Compa</u> (A Florida Limited L	ny as it now appears on our records.) Liability Company)		
(Name of the Limited Liability Companies (A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company Florida document number 10800006427	were filed on gan 17. 2008 and assigned		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company here:		
The new name must be distinguishable and end with the words "Limi"L.L.C."	ited Liability Company," the designation "LLC" or the abbreviation		
Enter new principal offices address, if applicable:	6336 Buford St. # 508 Onlando. FL 32835		
(Principal office address MUST BE A STREET ADDRESS)	onlando. FL 32835		
Enter new mailing address, if applicable:	6336 Buford St. # 508 Onlando FL 32835		
(Mailing address MAY BE A POST OFFICE BOX)	Orional fe 1207		
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her			
Name of New Registered Agent:			
New Registered Office Address:	Factor Florida accordada		
	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 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

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

	Manager = Managing Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
			Add
			Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
D. If an		ge(s) here: (Attach additional sheets, if necessary., e. Chiu Family Revocable Livi	
	Han L Chiu, Trustee,	e. Chin Family Revocable Living	eg Trust
Dated	8-17 , 20	<u>009</u> .	
	Signature of a member	f. Cliui er or authorized representative of a member	
	140	an L Chiu	<u></u>
	Type	d or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00