

208 000030886

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(Address)

(Address)

(City/State/Zip/Phone #)

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AUG 19 2019

2019 AUG 19 AM 8:34

FILED

C. GOLDEN

AUG 28 2019

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** ACS Two, 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:

Gen Miller

\_\_\_\_\_  
Name of Person

Wollinka, Wollinka & Doddridge, PL

\_\_\_\_\_  
Firm/Company

10015 Trinity Blvd.

\_\_\_\_\_  
Address

Trinity, FL 34655

\_\_\_\_\_  
City/State and Zip Code

gen@wollinka.com

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

For further information concerning this matter, please call:

Gen Miller

727

937-4177

at (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
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/COURIER ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

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

ACS Two, LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

FILED  
2019 AUG 19 AM 8:3

The Articles of Organization for this Limited Liability Company were filed on March 26, 2008 and assigned  
Florida document number L08000030886.

This amendment is submitted to amend the following:

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

4490 Alt 19, LLC

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

**Enter new principal offices address, if applicable:**

3204 Alternate 19 N

**(Principal office address MUST BE A STREET ADDRESS)**

Palm Harbor, FL 34683

**Enter new mailing address, if applicable:**

3204 Alternate 19 N

**(Mailing address MAY BE A POST OFFICE BOX)**

Palm Harbor, FL 34683

**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:

Wollinka, Wollinka & Doddridge, PL

New Registered Office Address:

10015 Trinity Blvd., Suite 101

*Enter Florida street address*

Trinity

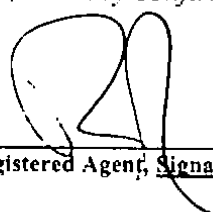
*City*

, Florida 34655

*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

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Paul J. Wikle	3204 Alternate 19 N	<input checked="" type="checkbox"/> Add
		Palm Harbor, FL 34683	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGRM	ACS Family Limited Partnership	321 High St.	<input type="checkbox"/> Add
		Tarpon Springs, FL 34689	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Teresa A. Coleman	613 Wideview Avenue	<input type="checkbox"/> Add
		Tarpon Springs, FL 34689	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

N/A

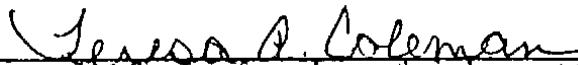
E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(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 \_\_\_\_\_, \_\_\_\_\_



Signature of a member or authorized representative of a member

Teresa A. Coleman

Typed or printed name of signee