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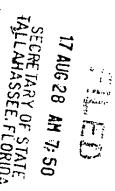
(Re	questor's Name)	
(Ad	dress)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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COVER LETTER

Division o	f Corporations
ACM. SUBJECT:	AN LLC
SUBJECT:	Name of Limited Liability Company
The enclosed Article	es of Amendment and fee(s) are submitted for filing.
Please return all cor	respondence concerning this matter to the following:
	Diego Corredor
	Name of Person
	ACMAN LLC
	Firm/Company
	1711-2 Park Meadows Dr
	Address
	Fort Myers, FL 33907
	City/State and Zip Code
	acmanllc@icloud.com
	E-mail address: (to be used for future annual report notification)
For further informat	ion concerning this matter, please call:
Diego Corredor	239 225-8994 at ()
N:	ame of Person Area Code Daytime Telephone Number
Enclosed is a check	for the following amount:
■ \$25.00 Filing Fo	ce ☐ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

TO:

Registration Section

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

ACMAN LLC				
(<u>Name of the Limited Lia</u> (A Flo	ability Company as it n orida Limited Liability C	ow appears on our record Company)	<u>ls.</u>)	
The Articles of Organization for this Limited Liabilit	ty Company were fil	ed on 05/14/2009	and as	signed
lorida document number L09000046836	·			
his amendment is submitted to amend the following	g:			
. If amending name, enter the new name of the	limited liability con	npany here:		
he new name must be distinguishable and contain the words "	'Limited Liability Comp	any," the designation "LLC	or the abbreviation "L	.L.C."
nter new principal offices address, if applicable:	<u> </u>			
Principal office address MUST BE A STREET AD	ODRESS)			
				
Enter new mailing address, if applicable:				
Mailing address MAY BE A POST OFFICE BOX				
	<u> </u>			
3. If amending the registered agent and/or re	ogistared office ad	drass on our record	s anton the name	of the i
egistered agent and/or the new registered office a		uress on our records	s, enter the name \sum_{s}	or the
			LLA LLA	i
Name of New Registered Agent:			五流 6	يرق يودان
New Registered Office Address:			SSE SSE SSE SSE SSE SSE SSE SSE SSE SSE	Section .
		Enter Florida street addres	z	m
		······································	orida SS **	
	City		S Zi Zi Zi Ode	

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>	Address	Type of Action
MGR	Maria I Ariza Serrano	1711-2 Park Meadows Dr	Add
		Fort Myers, FL 33907	□ Remove
			Change
			Remove
		, 	Change
			□ Remove
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Mective date, if other than the date	of filing:		(optional)		
an effective date is listed, the date must be spector. If the date inserted in this block do	ecific and cannot be prio ses not meet the appli-	r to date of filing cable statutory	or more than 90 day: filing requirement:	s after filing.) Pu s, this date will	rsuant to not be	605.020 listed a
ocument's effective date on the Departm	ent of State's records	. .				
e record specifies a delayed effe The 90th day after the record is		ot an effectiv	ve time, at 12:	01 a.m. on	the ea	irlier c
August 10		<u> </u>				
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ated			/			
ated August 10	ure of a member or auth	porized represent	otive of a member			_

Page 3 of 3

Filing Fee: \$25.00