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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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CCS

OCT 29 2020

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ACW Consulting Services, 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:

Alice Charles-Lamar

Name of Person

ACW Consulting Services, LLC

Firm/Company

1483 Auburn CT

Address

Tallahassee, FL 32305

City/State and Zip Code

acwcs@comcast.net

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

For further information concerning this matter, please call:

Alice Charles-Lamar 850 728-9074

Name of Person at () Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|--|---|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee & Certificate of Status | <input checked="" type="checkbox"/> \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | <input type="checkbox"/> \$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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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

ACW CONSULTING SERVICES, I.L.C.

(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 June 23, 2009 and assigned
Florida document number L09000060691.

This amendment is submitted to amend the following: My legal name changed and address.

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

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

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

1483 Auburn CT, Tallahassee, FL 32305

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

P.O. Box 6101, Tallahassee, FL 32314-6101

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:

Alice Charles-Lamar

New Registered Office Address:

1493 Auburn CT.

Enter Florida street address

Tallahassee, Florida 32305
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 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.

Alice Charles-Lamar
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

| Title | Name | Address | Type of Action |
|-------|---------------------|---------------------------------------|--|
| | | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
| | | Alice Charles-Wilson | <input checked="" type="checkbox"/> Change |
| MGR | Alice Charles-Lamar | 1483 Auburn CT, Tallahassee, FL 32305 | <input checked="" type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
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| | | | <input type="checkbox"/> Change |

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

I am now married and have moved to a different address: My new name is Alice Charles-Lamar

New physical address: 1483 Auburn CT, Tallahassee, FL 32305

E. Effective date, if other than the date of filing: 09/22/2020 (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 September 22, 2020

Alice Charles-Lamar

Signature of a member or authorized representative of a member

Alice Charles-Lamar

Typed or printed name of signee

Filing Fee: \$25.00