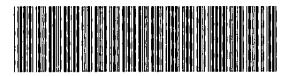
## 1090000 60691

(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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OCT 29 2020

## **COVER LETTER**

TO:

Registration Section Division of Corporations

SUBJECT: ACW Cons	Name of Limited Liability Company		<del></del>	
	Name of this	net maoney company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	Alice Charles-Lamar			
		Name of Person		
	ACW Consulting Services	. L.I.C		
		Firm/Company		
	1483 Auburn CT			
	<del></del>	Address		
	Tallahassee, FL 32305			
	City/State and Zip Code			
	acwcs@comcast.net			
	E-mail address: (	to be used for future annual report not	itication)	
For further information c	oncerning this matter, please ca	all:		
Alice Charles-Lamar		850 728-9074		
Name of Person		at () Area Code Daytin	ne Telephone Number	
Enclosed is a check for the	ne following amount:			
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	\$55,00 Filing Fee & Certified Copy tadditional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
Mailing Addres		<u>Street Address:</u> Registration Sc	ection	
Registration Section Division of Corporations			Division of Corporations	
P.O. Box 6327		The Centre of	The Centre of Tallahassee	
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810		

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ACW CONSULTING SERVICES, LLC

company has been notified in writing of this change.

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

(A Florida Limited Liability Company)

(A Florida Limited	d Liability Company)
The Articles of Organization for this Limited Liability Companies Florida document number L09000060691	ny were filed on June 23, 2009 and assigned
This amendment is submitted to amend the following: My	legal name changed and address.
his amendment is submitted to amend the following: My legal name changed and address.  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 "LLC" or the abbreviation "LLC."  Inter new principal offices address, if applicable:  Principal office address MUST BE A STREET ADDRESS)  Inter new mailing address, if applicable:  Principal office address, if applicable:  P.O. Box 6101, Tallahassee, FL 32314-6101  Mailing address MAY BE A POST OFFICE BOX)  If amending the registered agent and/or registered office address on our records, enter the name of the new registered gent and/or the new registered office address here:  Name of New Registered Agent:  New Registered Office Address:  1493 Auburn CT.  Enter Florida 32305  Zip Code  Tallahassee Florida 32305  Zip Code	
Articles of Organization for this Limited Liability Company were filed on June 23, 2009	
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:	P.O. Box 6101, Tallahassee, FL 32314-6101
(Mailing address MAY BE A POST OFFICE BOX)	
agent and/or the new registered office address here:	
<del></del>	
New Registered Office Address: 1493	Aubun CT.  Enter Florida street address
_	
New Registered Agent's Signature, if changing Registered Agen	<u>ıt:</u>
provisions of all statutes relative to the proper and comple	gree to act in this capacity. I further agree to comply with the te performance of my duties, and I am familiar with and s 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

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

## 12 ... 17: 7: 71

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
		Alice Charles-Wilson	<b>⊞</b> Change
MGR	Alice Charles-Lamar	1483 Auburn CT, Tallahassee, FL 32305	
			Remove
			□Change
			□Add
			🗀 Remove
			□Change
		□Add	
			□Remove
			[]Change
			□Add
			□Remove
			□Change
	<del></del>	<del></del>	□Add
			□Remove
		<u></u>	□Change

	New physical address: 1483 Auburn CT, Tallahassee, FL 32305
•	
•	
-	
•	
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,	
f an el Note:	tive date, if other than the date of filing:  O9/22/2020  (optional)  Rective 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 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as ment's effective date on the Department of State's records.
reco	ord 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 illed.
	September 22 2020
Dated	

Filing Fee: \$25.00