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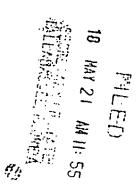
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COVER LETTER

TO: - Registration Se Division of Cor			
ACME INV	VESTMENT GROUP LLC		
500ap.C1,	Name of Lim	ited Liability 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:	
	KARL HELBIG		
		Name of Person	
	ACME INVESTMENT G	ROUP LLC	
		Firm/Company	
	PO BOX 584		
	*	Address	
	OSPREY, FL 34229		
		City/State and Zip Code	
	sunrealestate@comcast.net		
For further information c	E-mail address: (oncerning this matter, please co	to be used for future annual report notifi all:	cation)
Karl Helbig		941 3767653	
Name e	f Petson	Area Code Daytime	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)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy radditional 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

ACME INVESTMENT GROUP LLC (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 5/18/2010 and assigned Florida document number 110000053680 This amendment is submitted to amend the following: 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 "LLC" or the abbreviation 1800 Second St Suite 717 Enter new principal offices address, if applicable: Sarasota, FL 34236 (Principal office address MUST BE A STREET ADDRESS) PO BOX 584 Enter new mailing address, if applicable: OSPREY, FL 34229 (Mailing address MAY BE A POST OFFICE BOX) 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: New Registered Office Address: Enter Florida street address

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.

City

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>	Type of Action
MGR	Angelo Ingorvaia	7135 Kensington CT Bradenton, FI	
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record specifies a delaye	d effective da	ate, but not	an effective	time. at 12:0	1 a.m. on the earli
ne 90th day after the red	ord is filed.	,			
		2018			
ed 4/16					
		2018			

Page 3 of 3

Filing Fee: \$25.00

Typed or printed name of signee