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TO: Registration Section Division of Corporations

Division of Corporations A.C.A. INVESTMENTS OF SOUTH FLORIDA. LLC SUBJECT: 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: Julia Greenberg-Aguilar Name of Person MyUSAcorporation.com Firm/Company 1 Radisson Plaza, Suite 800 Address New Rochelle, NY 10801 City/State and Zip Code herculespoirot33@yahoo.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Julia Greenberg-Aguilar 330-2677 Name of Person Daytime Telephone Number Enclosed is a check for the following amount: **■** \$55.00 Filing Fee &: □ \$60.00 Filing Fee, □ \$25.00 Filing Fee □ \$30.00 Filing Fee & Certificate of Status Certified Copy Certificate of Status &

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

Certified Copy

(additional copy is enclosed)

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

(additional copy is enclosed)

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

A.C.A. INVESTMENTS OF SOU		
(Name of the Lim	ited Liability Company as it now appear (A Florida Limited Liability Company)	s on our records.)
The Articles of Organization for this Limited I	Liability Company were filed on $\frac{01}{2}$	25/2012 and assigned
Florida document number L12000012051	· · · · · · · · · · · · · · · · · · ·	
This amendment is submitted to amend the fol	lowing:	
A. If amending name, enter the new name	of the limited liability company he	<u>re</u> :
The new name must be distinguishable and contain the	words "Limited Liability Company." the de	esignation "L.L.C." or the abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:	
(Principal office address MUST BE A STRE.	ET ADDRESS)	
Enter new mailing address, if applicable:		AR SO T
Mailing address MAY BE A POST OFFICE	(BOX)	P 2
		mo m
		<u> </u>
B. If amending the registered agent and	l/or registered office address on	our records, enter the name of the ne
registered agent and/or the new registered of	office address here:) 03 DA
Name of New Registered Agent:	Incorp Services, Inc	
New Registered Office Address:	17888 67th Court North	
	Enter Flor	ida street address
	Loxahatchee	, Florida ³³⁴⁷⁰
	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.

If Changing Registered Agent Signature of New Registered Agent

Page 1 of 3

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>	Name	Address	Type of Action
MGR	Caruso Management & Consulting, LLC	15800 Pines Blvd, Suite No. 3057	
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he 90th day after the record	is filed.	a cinia, ac xa.ox a.iii. bii tiib buille
September, 22nd	2015	
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Page 3 of 3

Filing Fee: \$25.00

SPECIAL AND REVOCABLE LIMITED POWER OF ATTORNEY

TO ALL PERSON, be it known, that INCORP SERVICES, INC., A Nevada corporation as Grantor, does hereby make and grant a limited and specific power of attorney to Anthony Morales and appoint and constitute said individual as my attorney-in-fact.

My named attorney-in-fact shall have full power and authority to undertake, commit and perform only the following acts on my behalf to the same extent as if I had done so personally; all with full power of substitution and revocation in the presence:

Authority to accept appointment as registered agent on behalf of InCorp Services, Inc. (a Nevada Corporation) for entities which *Selene Enterprises LLC dba MyUSA corporation.com* have purchased agent service on through their account with InCorp Services, Inc.

TERMINATION: Unless sooner revoked or terminated by me, the Special Power of Attorney shall become NULL and VOID from and after December 31, 2015.

Aurora Murtey, Secretary

County of Clark

Dated: January 19, 2015

Signed in my presence this the 19th day of January 2015 by Aurora Murtey, State of Nevada

County of Clark

Notary Public in the State of Nevada

CRYSTAL TEMPLE
NOTARY PUBLIC
STATE OF NEVADA
My Commission Expires: 11-20-17
Certificate No: 09-11437-1