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(Requ	estor's Name)	
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Certified Copies	Certificate	s of Status
Special Instructions to Fili	ing Officer:	!

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COVER LETTER

	egistration Se ivision of Cor		
SUBJECT	ACA GPS.	LLC	
SOBJECT	•	Name of Lin	nited Liability Company
The enclose	ed Articles of .	Amendment and fee(s) are sub	omitted for filing.
Please retur	rn all correspo	ndence concerning this matter	to the following:
		Curtis Reddecliff	
		ACA GPS, LLC	Name of Person
		500 Fawn Hill Pl	Firm/Company
		Sanford, FL 32771	Address
		curtis@acagps.com	City/State and Zip Code (to be used for future annual report notification)
For further	information co	oncerning this matter, please c	
Curtis Rede	decliff		407 328-0879
	Name of	Person	Area Code Daytime Telephone Number
Enclosed is	a check for th	e following amount:	
- \$25.00 35 <i>pre</i> 5ee b	Č	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed) □ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	MAILI Registra Division P.O. Bo	NG ADDRESS: ation Section n of Corporations	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

ACA GPS, LLC	stand I kabillan Comm			
(Same of the Lin	(A Florida Limited	nny as it now appears on ou Liability Company)	r records.)	
The Articles of Organization for this Limited Florida document number L13000064238	Liability Company	were filed on $\frac{05/02/201}{}$	and assigned	
This amendment is submitted to amend the fo	llowing:			
A. If amending name, enter the new name	of the limited liab	oility company here:		
The new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the designation	on "LLC" or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:		Curtis Reddecliff	72 6	
Principal office address MUST BE A STRE	ET ADDRESS)	500 Fawn Hill Pl		
		Sanford, FL 32771	2 2	
Enter new mailing address, if applicable:		Curtis Reddecliff	<u> </u>	
Mailing address MAY BE A POST OFFICE BOX)		500 Fawn Hill Pl		
<u>,</u>	<u>.</u>	Sanford, FL 32771		
3. If amending the registered agent and registered agent and/or the new registered regis		<u>e</u> :	records, <u>enter the name of th</u>	
New Registered Office Address:	500 Fawn Hill	Pl		
		Enter Florida stree	et address	
	Sanford		, Florida <u>32771</u>	
			Zip Code	
		City	z.ip Coae	

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
MGRM	Catalano, Marc L		Add
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ective date, if other than the date of filing:		(optional)		
effective date is listed, the date must be specific and cannot be prior to o	date of filing or more than 90	days after filing.) Po	irsuant to	605.0
te: If the date inserted in this block does not meet the applicable ument's effective date on the Department of State's records.	e statutory tiling requirer	nents, this date wi	i not be	nsica
record specifies a delayed effective date, but not a	in effective time, at	12:01 a.m. on	the e	arlier
he 90th day after the record is filed.				
October 21 2019				
ed October 21 2019				
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Typed or printed name of signee

Filing Fee: \$25.00