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COVER LETTER

TO:	Registration S Division of Co					
OLID ID	ACA Elec	ctrical System LLC		•		
SUBJEC	JT:	Name of Lin	nited Liability Company	·····		
The enci	osed Articles c	of Amendment and fee(s) are su	bmitted for filing.			
Please re	eturn all corres	pondence concerning this matte	r to the following:			
		Andrew C Atkins Jr.				
		·	Name of Person	<u>.</u>		
		ACA Electrical System L	LC			
			Firm/Company	·		
4500 N Federal HW Apartment 270H						
			Address			
		Light House Point, FL 33	064		2020 OC1	
		Andyatkinsjr@gmail.com	City/State and Zip Code		OCT -1	
			(to be used for future annual rep	ort notification)	23.65	
For furth	er information	concerning this matter, please	call:		्राप्त अस्य ।	
Andrew C Atkins Jr.		561 718-1 at ()	956	3		
	Name	of Person	Area Code	Daytime Telephone Number		
Enclosed	l is a check for	the following amount:				
Certificate of Status Certified Copy		S55.00 Filing Fee & Certified Copy (additional copy is enclose	S60.00 Filing Certificate of Certified Cop (additional copy	Status &		
	Mailing Addre		Street Addr Registrati	ress: on Section		
Registration Section Division of Corporations P.O. Box 6327				of Corporations		
				e of Tallahassee		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Comps (A Florida Limited)	any as it now appears on our records.)		-	
The Articles of Organization for this Limited Liability Company Florida document number 21300150435	ted liability company here: ted Liability Company," the designation "LLC" or the abbreviation "L.L.C."			
This amendment is submitted to amend the following:				
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	ility Company," the designation "LLC" or the ab	breviation	"IL.C."	-
Enter new principal offices address, if applicable:		٠.	<u>~</u>	
(Principal office address MUST BE A STREET ADDRESS)				
		25 55		
		42	_	
Enter new mailing address, if applicable:			<u> </u>	
(Mailing address MAY BE A POST OFFICE BOX)	4500 N Federal HW Apartment 270H			
	Light House Point, FL 33064			
B. If amending the registered agent and/or registered office agent and/or the new registered office address here: Name of New Registered Agent:		e of the r		gister
New Registered Office Address:				
Tron Registeres Office Francis.	Enter Florida street address			
<u> </u>	, Florida			
	City	Тір Сос	le	

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

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			
MGR	Tam Lam	7770 Ridgewood Dr. Lake Worth, FL 33467	= Add			
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ective date, if other than the date	e of filing:		(optional)		
n effective date is listed, the date must be so te: If the date inserted in this block of	loes not meet the applicable	late of filing or more than to c statutory filing require	90 days after filing.) Pu ements, this date wil	rsuant to 60 not be lis	5.020 ted a
cument's effective date on the Depart	ment of State's records.				
ecord specifies a delayed effective dat is filed.	e, but not an effective time,	, at 12:01 a.m. on the ea	urlier of: (b) The 90	th day afte	er the
September 25	2020				
September 25					

Typed or printed name of signee