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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Accelerate Carringand Consulting, LLC 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:	
Uneeda Brewer-Frazier Name of Person	
Accelerate Caching and Consulting, LIC	
P.O. Box 17978	
Clearwater FL 33762 City/State and Zip Code	2 2 2 2 2 2 3
E-mail address: (to be used for future annual report notification)	[] [2]
For further information concerning this matter, please call:	
Uneeda Brewer-Frazier at 727, 258-7840 Name of Person Area Code Daytime Telephone Number	
Enclosed is a check for the following amount:	
\$25.00 Filing Fee \$\times \text{Certificate of Status}\$\$ Certificate of Status \$\times \text{Certified Copy} \\ \text{(additional copy is enclosed)}\$\$\$ Certified Copy \\ \text{(additional copy is enclosed)}\$\$\$ Certified Copy \\ \text{(additional 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

ACCE LOCCIONA AND (Name of the Limited Liability/Compar (A Florida Limited L	ny as it now appears on out iability Company)	records.)
The Articles of Organization for this Limited Liability Company Florida document number <u>L 1400008615</u> . This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liabi		16,2014 and assigned
The new name must be distinguishable and end with the words "Limited Liabi	ility Company," the designat	ion "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	P.O. Box l	7978 = er, FL 33762=
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		ecords, enter the name of the nev
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida stree	t address
	City	, FloridaZip 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

If amending the Managers or Authorized Member on our records, <u>enter the title, name, and address of each Manager or Authorized Member being added or removed from our records</u>:

MGR = Manager

<u>tle</u>	<u>Name</u>	Address	Type of Act
			Add
			□ Remove
			Remove
<u>.</u>			□ Add
			□ Remove
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. IT	amending any other information, enter change(s) here: (Allach additional sheets, if necessary.)
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(Th	fective date, if other than the date of filing:
	ated $1/23$ $2\rho/4$
,	1 hooks Alexanie e
	Signature of a member or authorized representative of a member
	Uneeda Brewer-Frazier
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00