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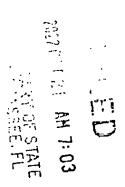
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R. HUNT

COVER LETTER

.TO: Registration So Division of Cor			
ACS Invest	tment Account, LLC		
SUBJECT:			
	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	~~
	Anthony C. Soviero		
		Name of Person	
	ACS Investment Account.	LLC	Y OF A
	 	Firm/Company	
	Name of Limited Liability Company mendment and fee(s) are submitted for filing, lence concerning this matter to the following: Anthony C. Soviero Name of Person ACS Investment Account. LLC Firm/Company 1025 West Indiantown Road Address Jupiter, FL 33458 City/Stare and Zip Code tony@soviero.net E-mail address: (to be used for future annual report notification) cerning this matter, please call: 561 278-0098 at (
	···	Address	
	Jupiter, FL 33458		
	tony@soviero.net	City/State and Zip Code	
	E-mail address: (to be used for future annual report noti	fication)
For further information of	oncerning this matter, please c	all:	
Anthony C. Soviero		561 278-0098	
Name o	d Person	Area Code Daytim	e Telephone Number
Enclosed is a check for the	he following amount:		
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	Certified Copy	Certificate of Status & Certified Copy
Mailing Addres Registration S			ction
Division of C			
P.O. Box 632	.7		=
Tallahassee, I	FL 32314	2415 N. Monro	e Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ACS Investment Account, 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 $\frac{02/07/2014}{}$ and assigned This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Soviero Capital, LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 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) 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

_, Florida _

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
AMBR	Christopher Joseph Soviero	1025 West Indiantown Road, Suite 106 Jupiter, FL 33458	
			□Remove
			□Change
AMBR	Daniel Blake Soviero	1025 West Indiantown Road, Suite 106 Jupiter, FL 33458	ZXodd
			□Remove
			2027
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cord specifies a delayed of filed.	effective date, but	not an effective	time, at 12:01	a.m. on the earl	ier of: (b)	The 90th	n day after th
October 17	<i>j</i> '	2022					
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	Signature o	f a member or aut	horized represer	ntative of a memb	сг		