

L14,000044080

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OCT 28 2015

Y SULKER

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: ACM LIGHT 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:

Cesar Fernandez

Name of Person

ACM LIGHT LLC

Firm/Company

7500 NW 25TH ST, Suite 250

Address

MIAMI, FL, 33122

City/State and Zip Code

c.fernandez@acmlight.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

CESAR FERNANDEZ

Name of Person

at (**305**) **608-3865**

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:



\$25.00 Filing Fee

☐ **\$30.00 Filing Fee &
Certificate of Status**

☐ **\$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed)**

☐ **\$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(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**

ACM LIGHT 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 03/17/2014 and assigned
Florida document number L14000044080.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "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)

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

Florida

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	WENDY RAMIREZ	7500 NW 25TH ST, STE 250 MIAMI, FL, 33122	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change
MGR	ALVARO RODRIGUEZ	7500 NW 25TH ST, STE 250 MIAMI, FL, 33122	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change

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CLERK OF COURT
TALLAHASSEE, FLORIDA

FILED
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CLERK OF SUPERIOR COURT
TALLAHASSEE, FLORIDA

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Dated OCT 16, 2015

CESAR FERNANDEZ

Filing Fee: \$25.00