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(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phon	e #)
PICK-UP		MAIL
(Bu	siness Entity Na	me)
. (Do	cument Number)
Certified Copies	_ Certificate	s of Status
Special Instructions to	Filing Officer:	

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COVER LETTER

TO:	Registration Se Division of Cor			
CUDI	ACM Capit	al Holdings LLC		
SUBJ	ECT:	Name of Limi	ited Liability Company	
The er	nclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	for filing. following: Name of Person Firm/Company Address State and Zip Code red for future annual report notification) 786 999-9120 at (
Please	return all correspo	ndence concerning this matter	to the following:	
		Tiffany Augusta		
			Name of Person	
. `		ACM Capital Partners		
			Firm/Company	
		2103 Coral Way Suite 604		•
			Address	
-		Miami, FL 33145		
			City/State and Zip Code	
		taugusta@acmcapitalpartner		
		E-mail address: (1	to be used for future annual report notifi	cation)
For fu	rther information co	oncerning this matter, please ca	all:	
Tiffan	y Augusta		786 999-9120 at ()	
	Name of	Person	Area Code Daytime	Telephone Number
Enclos	sed is a check for th	e following amount:		
□ \$ 2	25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status		Certificate of Status & Certified Copy

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

liability Comp lorida Limited	oany as it now appears on our records.) Liability Company)	
lity Compan	y were filed on 3/24/15	and assigned
ng:		
e limited lia	bility company here:	
"Limited Liab	pility Company," the designation "LLC" or th	e abbreviation "L.L.C."
e:	NA	
DDRESS)		*
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	, Florida	Zin Cody
	lity Compan ng: e limited lia e: DDRESS	e limited liability company here: "Limited Liability Company," the designation "LLC" or the NA DDRESS) NA NA Pregistered office address on our records, end end address here: NA Enter Florida street address , Florida

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 = N $AMBR = A$	MGR = Manager AMBR = Authorized Member					
Title	<u>Name</u>	Address	Type of Action			
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			□ Change			
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		<u> </u>	☐ Remove			
			Change			

-	g any other information, enter change(s) here: (Attach additional sheets, if neco umber for Providence 82-2614252	essary.)	
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ated	2/8 2018		
	ANCHI		9
	Signature of a member or authorized representative of a member	FE	MAINICI
Ja	Typed or printed name of signee		9
	Types of printed name of signee	AH IO:	93XF 94
	Page 3 of 3	Ģ	3

Filing Fee: \$25.00