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Division of Corporations
Fax Number : (850)617-6383
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Email Address: 11fo@alcarrierScruices. COM

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COVER LETTER TO: Registration Section Division of Corporations: SUBJECT: ACC MULTISERVICES, 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: Manuel Garcia Name of Person ACC MULTISERVICES, LLC Funz/Company 20900 NE 30TH AVENUE SUITE 716 Address AVENTURA FL 33193 City/State and Zip Code Info@alcarrierservices.com Breast address: (to be used for future annual report notification) For further: information concerning this matter, please call: A & L CARRIER SERVICES INC Name of Person State of Person	ai ⁿ			L	
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Please return all correspondence concerning this matter to the following: <u>Manuel Garcia</u> Name of Person <u>ACC MULTISERVICES, LLC</u> Firm/Company <u>20900 NE 30TH AVENUE SUITE 716</u> Address <u>AVENTURA FL 33193</u> City/State and Zip Code <u>info@alcarrierservices.com</u> <u>E-mail address:</u> (to be used for forure annual report notification) For further information concerning this matter, please call: <u>A & LCARRIER SERVICES INC</u> Name of Person <u>Enclosed is a check for the following amount:</u> <u>E-s25.00 Filing Fee</u> <u>Certified Copy</u> (disting and carciers concerning this matter) <u>S55.00 Filing Fee & Certified Copy</u> (disting and carciers concerning this matter) <u>S55.00 Filing Fee & Certified Copy</u> (disting and carciers concerning this matter) <u>Certified Copy</u> (disting and carciers concerning this matter) <u>S50.00 Filing Fee.</u> <u>Certified Copy</u> (disting and copy) <u>Certified Copy</u> <u>Certified Copy</u> <u>Certified Copy</u> <u>Certified Copy</u>	SUBJECT: <u>(100</u>				
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Division of Corporations Division of Corporations					
P.Q. Box 6327 Clifton Building Tallahassee, FL 32314 2661 Executive Center Circle Tallahassee, FL 32301	Regist Divisi	ration Section on of Corporations			

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Jun. 23. 2015 12:56PM

No. 5399 P. 5

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ACC MULTISERVICES, LLC

(Name of the Limited Lizhuity Company as it now appears on our records.) (A Florida Limited Lizbility Company)

The Articles of Organization for this Limited Liability Company were filed on <u>05/29/2015</u> and assigned Florida document number <u>L15000094917</u>

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 end with the words "Limited Liab	bility Company," the designation "LLC".	
Enter new principal offices address, if applicable:	16285 SW 71ST TERR	EB G
(Principal office address MUST BE A STREET ADDRESS)	MIAMI FL 33193	上町屋丁
		25 N L
		199 - O
Enter new mailing address, if applicable:	16285 SW 71ST TERR	
(Mailing address MAY BE A POST OFFICE BOX)	MIAMI FL 33193	विस्तु ज
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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 addres	σ
	, Fl	Zin 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

Page 1 of 3

Jun. 23. 2015 12:57PM

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No. 5399 P. 6

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

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	<u>Type of Action</u>
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	<u>.</u>		Add
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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E. Effective date, if other than the date of filing	ž:	_ (optional)
(The effective date must be specific, cannot be prior to dat the date this document is filed by the Florida Department	te of receipt or filed date and cannot be more than	90 days after
Dated JUNE 23	2015	
	·	
Danuel Car	·	
Signature of a r	member or authorized representative of a membe	и и
MANUEL GARCIA		
	Typed or printed name of signee	

Page 3 of 3

Filing Fee: \$25.00