# LK000017542

| (Requ                                   | uestor's Name)   |              |
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| (City/                                  | State/Zip/Phone  | e #)         |
| PICK-UP                                 | WAIT             | MAIL         |
|                                         |                  |              |
| (Busi                                   | iness Entity Nar | ne)          |
| •                                       | •                | ,            |
| /Door                                   | ument Number)    | <del> </del> |
| (DOC)                                   | ument Number)    |              |
|                                         |                  |              |
| Certified Copies                        | Certificates     | s of Status  |
|                                         |                  |              |
| Special Instructions to Fi              | iling Officer:   |              |
|                                         | <b>g</b> =       |              |
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# **COVER LETTER**

|                                                                                                        | RVICES, LLC                    |                     |                                                                                            |            |
|--------------------------------------------------------------------------------------------------------|--------------------------------|---------------------|--------------------------------------------------------------------------------------------|------------|
| Certificate of Status Certified Copy Certificate of State (additional copy is enclosed) Certified Copy | · .                            |                     |                                                                                            |            |
| The enclosed Articles of                                                                               | Amendment and fee(s) are sub-  | mitted for filing.  |                                                                                            |            |
| Please return all correspo                                                                             | ondence concerning this matter | to the following:   |                                                                                            |            |
|                                                                                                        |                                | CINZIA ZANELLA      |                                                                                            |            |
|                                                                                                        |                                | Name of Person      |                                                                                            |            |
|                                                                                                        |                                | ACDH SERVICES, LLC  |                                                                                            |            |
|                                                                                                        |                                | Firm/Company        |                                                                                            |            |
|                                                                                                        |                                | 322 NEVADA STREET   |                                                                                            |            |
|                                                                                                        |                                | Address             |                                                                                            | 7          |
|                                                                                                        | 1                              | HOLLYWOOD, FL 33019 | 9                                                                                          |            |
|                                                                                                        |                                | •                   | دني                                                                                        | (4)<br>(4) |
|                                                                                                        |                                |                     | ingina) = 1                                                                                | -t.        |
| For further information c                                                                              |                                | ·                   | ication)                                                                                   | 00 E. F. C |
| CINZIA ZANELLA                                                                                         |                                |                     |                                                                                            |            |
| Name o                                                                                                 | of Person                      | Area Code Daytime   | Telephone Number                                                                           |            |
| Enclosed is a check for the                                                                            | he following amount:           |                     |                                                                                            |            |
| □ \$25.00 Filing Fee                                                                                   |                                | Certified Copy      | □ \$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

| ACDH SERVICES, LLC                                                                                |                                                          |
|---------------------------------------------------------------------------------------------------|----------------------------------------------------------|
| ( <u>Name of the Limited Liability Company as it n</u><br>(A Florida Limited Liability C          | ow appears on our records.)<br>Company)                  |
| The Articles of Organization for this Limited Liability Company were file Florida document number | ed on 01/25/2016 and assigned                            |
| This amendment is submitted to amend the following:                                               |                                                          |
| A. If amending name, enter the new name of the limited liability con                              | npany here:                                              |
| The new name must be distinguishable and contain the words "Limited Liability Compa               | any," the designation "LLC" or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable:                                               | (1) y                                                    |
| (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 here:                        | dress on our records, enter the name of the ne           |
| Name of New Registered Agent:                                                                     |                                                          |
| New Registered Office Address:                                                                    |                                                          |
|                                                                                                   | 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.

City

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

# or removed from our records:

MGR = Manager
AMBR = Authorized Member

| <u>Title</u>        | <u>Name</u>             | <u>Address</u>              | Type of Action                                                                                                                                                                                                                    |
|---------------------|-------------------------|-----------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| . MGR               | MILAN, D'ONOFRIO GINO   | 1680 MICHIGAN AVE. STE. 910 | Add                                                                                                                                                                                                                               |
|                     |                         | MIAMI BEACH, FL 33139       | Add                                                                                                                                                                                                                               |
| •                   |                         |                             | ■ Remove                                                                                                                                                                                                                          |
|                     |                         |                             | ☐ Change                                                                                                                                                                                                                          |
| MGR                 | SCHERMAN, CHRISTOPHE    | 322 NEVADA STREET           | <b>5</b>                                                                                                                                                                                                                          |
| <del></del>         |                         | HOLLYWOOD, FL 33019         |                                                                                                                                                                                                                                   |
|                     |                         |                             | ☐ Remove                                                                                                                                                                                                                          |
|                     |                         |                             | □.Ĉhanĝe                                                                                                                                                                                                                          |
| MGR                 | JAHNS-SCHERMAN, LEA     | 322 NEVADA STREET           | المراجعة ال<br>المراجعة المراجعة الم |
|                     |                         | HOLLYWOOD, FL 33019         | □ Remove                                                                                                                                                                                                                          |
|                     |                         | Change                      |                                                                                                                                                                                                                                   |
| MGR KNAPP, NIKOLAUS | KNAPP, NIKOLAUS         | 322 NEVADA STREET           | <b>■</b> Add                                                                                                                                                                                                                      |
|                     |                         | HOLLYWOOD, FL 33019         |                                                                                                                                                                                                                                   |
|                     |                         |                             | Remove                                                                                                                                                                                                                            |
|                     |                         |                             | Change                                                                                                                                                                                                                            |
| MGR                 | FISCHER, HILDEGARD EMMA | 322 NEVADA STREET           | <b>=</b> Add                                                                                                                                                                                                                      |
|                     |                         | HOLLYWOOD, FL 33019         | □ Remove                                                                                                                                                                                                                          |
|                     |                         |                             |                                                                                                                                                                                                                                   |
|                     |                         | □ Change                    |                                                                                                                                                                                                                                   |
|                     |                         |                             |                                                                                                                                                                                                                                   |
|                     |                         |                             | Remove                                                                                                                                                                                                                            |
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|             | ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier 90th day after the record is filed.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | of:               |
| Dated _     | Signature of a member or authorized representative of a member                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                   |
|             | CINZIA ZANELLA, MGR  Typed or printed name of signee                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                   |

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Filing Fee: \$25.00