

L14 000033301

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

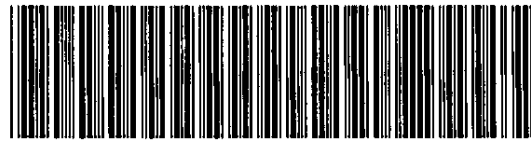
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



500291818025

10/31/16--01021--015 \*\*25.00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2016 OCT 31 P 12:23

FILED

S Warren

NOV 01 2016

October 20, 2016

Registration Section  
Division of Corporations  
2661 Executive Center Circle  
Tallahassee, FL 32301

**RE: Acceleration Investments of Florida, LLC**

To Whom It May Concern:

Enclosed with this letter please find the following:

1. Two copies of Articles of Amendment to Articles of Organization for the referenced LLC;
2. A check for \$25 for the Filing Fee.
3. A return envelope.

Please file the Amendment to the Articles of Organization and return a copy to me in the enclosed envelope. If you have any questions regarding this filing please call me at 800-706-4741.

Sincerely yours,

James Morris

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Acceleration Investments of Florida, 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:

James Morris  
Name of Person  
Anderson Business Advisors  
Firm/Company  
3225 McLeod Drive, Suite 100  
Address  
Las Vegas, Nevada 89121  
City/State and Zip Code  
ra@andersonadvisors.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

James Morris at ( 800 ) 706-4741  
Name of Person 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**

Acceleration Investments of Florida, 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 02/17/2016 and assigned Florida document number L16000033301.

This amendment is submitted to amend the following:

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

Acceleration Investment Solutions, LLC

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:

1623 Central Avenue, Suite 209

**(Principal office address MUST BE A STREET ADDRESS)**

Cheyenne, Wyoming 82001

Enter new mailing address, if applicable:

3225 McLeod Drive, Suite 100

**(Mailing address MAY BE A POST OFFICE BOX)**

Las Vegas, Nevada 89121

**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

**FILED**  
2016 OCT 1 P 12 23  
SECRETARY OF STATE  
TAMPA 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>	<u>Address</u>	<u>Type of Action</u>
AMBR	Samuel B. Dougherty	14286 Beach Blvd., Suite 19-187	<input type="checkbox"/> Add
		Jacksonville, FL 32250	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	David J. Dougherty, Jr.	14286 Beach Blvd., Suite 19-187	<input type="checkbox"/> Add
		Jacksonville, FL 32250	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Make It Happen Solutions, LLC	1623 Central Avenue, Suite 209	<input checked="" type="checkbox"/> Add
		Cheyenne, Wyoming 82001	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Carmuel Solutions, LLC	1623 Central Avenue, Suite 209	<input checked="" type="checkbox"/> Add
		Cheyenne, Wyoming 82001	<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

2018 OCT 31  
 SECRETARY OF STATE  
 TREASURER OF FLORIDA  
**FILED**  
 Add  
 Remove  
 Change

**D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)**

The company will be Managed by Managers.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)**

(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)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:  
(b) The 90th day after the record is filed.

Dated October 20, 2016

  
\_\_\_\_\_  
Signature of a member or authorized representative of a member

DAVID D O'QUINN, JR  
\_\_\_\_\_  
Typed or printed name of signer

FILED  
2016 OCT 21 P 12:23  
SECRETARY OF STATE  
TAMPA, FLORIDA