L16000058404

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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Special Instructions to Filing Officer:





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Name Change



December 23, 2024

VIA FEDERAL EXPRESS

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, Florida 32303

Re: Acumen Holdings, LLC – Florida Document Number L6000058404 - Name Change Amendment Filing

To Whom It May Concern:

Acumen Holdings, LLC is changing its name to Acumen Licensing LLC. Enclosed please find the following documents:

- 1. \$25.00 filing fee check.
- 2. Completed and signed Articles of Amendment form.

Please note that we will retain the fictitious business name, Acumen Licensing, which is assigned registration number G21000008527.

If you have any questions regarding this submission, please contact us at 631-719-5509 or via email <u>licensing@acumenlicensing.com</u>. Any correspondence regarding this submission should be mailed to the address below.

Sincerely,

Acumen Licensing

Enclosure

COVER LETTER

TO:

Registration Section

Division of Co	rporations					
	oldings, LLC					
SUBJECT:	Name of Lin	nited Liability Company				
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.				
Please return all correspo	ondence concerning this matter	to the following:				
	Licensing Team					
		Name of Person				
	Acunen Holdings, LLC de	oa Acumen Licensing				
		Firm/Company				
	35 Pinelawn Road, Suite I	112				
		Address				
	Melville, NY 11747			2.3	25	
		City/State and Zip Code		,	2024 073	
	licensing@acumenlicensin	g.com (to be used for future annual report notif	ication)		5	•
En finisher information a	oncerning this matter, please c		Carrenty	:		
	oncerning this matter, please c			•	PH 3	
Licensing Team		at ()		· :	<u>ဒ</u> ှ	
Name o	f Person	Area Code Daytime	Telephone Number	. ' '		
Enclosed is a check for the	he following amount:					
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Fili Certificate Certified C (additional co	e of Stati Copy		
Mailing Address Registration S Division of C P.O. Box 632	Section Corporations 27	Street Address: Registration Sec Division of Corp The Centre of Ta	oorations allahassee	0		
Tallahassee,	rt. 32314	2415 N. Monroe	soucci, oute 81	U		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Acumen Holdings, LLC		
(Name of the Limited Liability Comp (A Florida Limited	oany as it now appears on our recor (Liability Company)	<u>ds.</u>)
ne Articles of Organization for this Limited Liability Compan	y were filed on 03/22/2016	and assigned
orida document number L16000058404		
is amendment is submitted to amend the following:		
If amending name, enter the new name of the limited lia	bility company here:	
cumen Licensing LLC		
e new name must be distinguishable and contain the words "Limited Liab	oility Company," the designation "LLC	C" or the abbreviation "L.L.C."
nter new principal offices address, if applicable:		2021
rincipal office address MUST BE A STREET ADDRESS)		
		2 7
		-0
nter new mailing address, if applicable:		
failing address MAY BE A POST OFFICE BOX)		
		1 - 1
		
If amending the registered agent and/or registered office	address on our records, enter	the name of the new regist
ent and/or the new registered office address here:		
Name of New Registered Agent:		<u> </u>
New Registered Office Address:		
	Enter Florida street addre	SS
	, FI	lorida
	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 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>	Address	Type of Action
			□Remove
			Change
			□Remove
			□Change
			□Add
			🗀 Remove
			Change
			□Add
			□Remove
			□Change
			□ Add
			□Remove
			Change
			□ Changa

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Signature of a member or authorized representative of a member	Signat	ture of a member or authorized representative of a member	
Thomas Milana, Jr.		Thomas Milana, Jr.	