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## **COVER LETTER**

Registration Section Division of Corporations

TO:

2GATHER SUBJECT:	RLLC			
SOBJECT.	Name of Lin	nited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sul	omitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	STEVE			
		Name of Person		
	NATIONAL TAX AND I	FINANCIAL SERVICES		
		Firm/Company		
	2875 NE 191 STREET, S	TE 601		
		Address		
	AVENTURA, FL 33180			
	-	City/State and Zip Code	<del></del> _	
	NUSOVICH@YOURNAT			
	E-mail address:	to be used for future annual report not	ification)	
For further information c	concerning this matter, please of	all:		
NADYA		305 6925204		
Name of Person			ne 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)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
Mailing Address: Registration Section		<u>Street Address:</u> Registration Se	ection	
Division of Corporations		Division of Corporations		
P.O. Box 6327 Tallahassee, FL 32314			The Centre of Tallahassee 2415 N. Monroe Street, Suite 810	

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2GATHER LLC		763	
(Name of the Limited Liability Com (A Florida Limited	pany as it now appears on	our records.)	<del></del>
(A Florida Limite	u Liaomity Company)	rr G	<u>;</u>
The Articles of Organization for this Limited Liability Compar	ny were filed on $\frac{05/04/2}{1}$	2016 and	drassigned
Florida document number L16000088081		•	D ::
			<del>,</del>
This amendment is submitted to amend the following:			: 25
A. If amending name, enter the new name of the limited lia	bility company here:		
ACH FINANCE LLC			
The new name must be distinguishable and contain the words "Limited Lial	bility Company," the design	ation "LLC" or the abbreviatio	n "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)	-	-	
		-	-
Enter new mailing address, if applicable:	23 rue de Verdun		
*	Carcassonne, FRAN	CE 11000	
(Mailing address MAY BE A POST OFFICE BOX)		OL TROO	
D. If amonding the registered eget and/our size of the			•
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our recor	ds, <u>enter the name of the</u>	new register
Name of New Registered Agent:			
Name of New Registered Agent.		·	<del>.</del>
New Registered Office Address:			
	Enter Florida si	reet address	
		Florida	
	City	Zip C	ode
New Registered Agent's Signature, if changing Registered Agent	<u>t:</u>		
I hereby accept the appointment as registered agent and ag	ree to act in this cana	city. I further agree to c	omply with t
provisions of all statutes relative to the proper and complet	e performance of my a	luties, and I am familiar	with and

If Changing Registered Agent, Signature of New Registered Agent

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 add or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
		<del></del>	□Remove
			□Change
			□Add
			□Remove
			□ Change
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E. Effective date, if other (It an effective date is listed) the	of date must be specific and country be prior to they as the sea the season of the sea
	on this block does not meet the applicable statutory filting requirements, this date will not be listed as the on the Department of State's records
f the record specifies a b) The 90th day after	delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: the record is filed.
Dated 2/8	
, ,	
• •	Signature of a member or authorized representative of a member
ATTAL, VINC	ENT
<del> </del>	Exped or printed name of signee