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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : GILMAN CIOCIA INC.

Account Number : I20120000051 Phone : (305)937-7773

: (815)301-2897 Fax Number

Enter the email address for this business entity to be used for future. annual report mailings. Enter only one email address please.

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN ACH FINANCE LLC

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Help

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

3

ACH FINANCE LLC	
(Name of the Limited Liability Compa (A Florida Limited I	i <mark>ny as it now appears on our records.)</mark> Ciability Company)
The Articles of Organization for this Limited Liability Company Florida document number £16000088081	were filed on $\frac{38-4004657}{}$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, <u>enter the new name of the limited liab</u>	ility company here:
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	23 RUE DE VERDUN
(Principal office address MUST BE A STREET ADDRESS)	CARCASSONNE, FRANCE 11000 FR
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	2
B. If amending the registered agent and/or registered office :	PR TI
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	andress on our records, enter the name of the compassion of the co
Name of New Registered Agent:	86
New Registered Office Address:	Enter Florida street address
	, Florida
# Chipmen committee and the co	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>	Name	Address	Type of Action
AMBR	ATTAL, VINCENT	23 RUE DE VERDUN	□Add
		CARCASSONNE, FRANCE 11000 FR	□Remove
			■ Change
			□Add
			□ Remove
			Change
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			□Remove
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w.m			□Add
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			Change
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			CRemove
			□ Change

ective date, if other than the date of filing: (optional) (optio	N/A				
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