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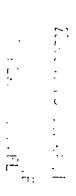
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COVER LETTER

FO: Registration Sec Division of Corp		,	
SUBJECT: AC	HEEVEN, L	LC	·
CBJECT		red Liability Company	-
flie enclosed Articles of a	Amendment and fee(s) are subm	nitted for filing.	
Please return all correspo	ndence concerning this matter t	o the following:	
	David G	Cartwright	Tr.
		EVEN, LLC	<u> </u>
		nbra Plaza, PA	1 Floor
		Authess	
	dea	Miami FL 35 City State and Zip Code artw1@acl.c	om
For further information :	fi-mail address: (t oncerning this matter, please or	to ne used for future annual report hob	пеанопу
		# Jr., at (305) 434 Area Code Daytin	15955
Name (f Person	Area Code Daytim	re Telephone Number
Enclosed is a check for t	he following amount:		
525,00 Filing Fee	☐ \$30,00 Filing Fee & Certificate of Status	[7] \$55,00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addre Registration		<u>Struet Address:</u> Registration Se	ection
Division of C	Corporations	Division of Co	
P.O. Box 632 Tallahassec.		The Centre of 2415 N. Moure	raffandssee ne Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Compa (A Florida Limited)		reords.)
The Articles of Organization for this Limited Liability Company Florida document number <u>L/6000098132</u>	•	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab ACHIEVERS ROLL ENTA The new name must be distinguishable and contain the words "Limited Liabil		-LC "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		()
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		1. 12
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	iddress on our records, <u>e</u>	nter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street a	ddress
		, 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

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
			□Remose
			□Change
			□ Add
			□Remove
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reffective <u>te:</u> If the	date inserted in this l	iust be specific and o block does not mi	cument be prior to cet the applicab	date of filing or mor	u than 90 days after	onal) filing.) Pursuant to 615.9 date will not be listed
uniont's	effective date on the l	Department of St	ate's records.			
cord spe s filed.	ifies a delayed effect	ive date, but not a	m effective tim	e, at 12:01 a.m. or	i the earlier of: (b)	The 90th day after t
	October .	05 th	2024	<u>/</u>		
ed						
ed	October (avid I.	Cartu	ight gr		

Filing Fee: \$25.00