

L 17000022596

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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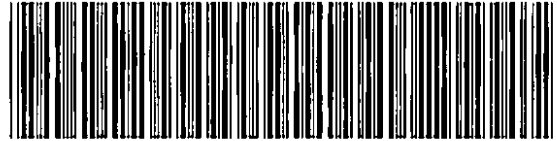
(Business Entity Name)

(Document Number)

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**TO: Registration Section
Division of Corporations**

SUBJECT: ACG, 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:

Kelly D. Kelly
Name of Person
ACG, LLC
Firm/Company
1625 South Ocean Lane, Unit 287
Address
Fort Lauderdale, Florida 33316
City/State and Zip Code
kdkelly@mindspring.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kelly D. Kelly 954 328 8360
Name of Person at () Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|--|--|---|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input checked="" type="checkbox"/> \$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 Address:

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

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

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ACG, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

STATE OF FLORIDA
TALLAHASSEE, FL

The Articles of Organization for this Limited Liability Company were filed on January 30, 2017 and assigned
Florida document number L17000022596.

This amendment is submitted to amend the following:

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

N/A

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:

N/A

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

N/A

(Mailing address MAY BE A POST OFFICE BOX)

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:

N/A

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

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	William Deshazor Kelly	1625 South Ocean Lane	<input checked="" type="checkbox"/> Add
		Unit 287	<input type="checkbox"/> Remove
		Fort Lauderdale, FL 33316	<input type="checkbox"/> Change
AMBR	Jessica Danielle Kelly	1625 South Ocean Lane	<input checked="" type="checkbox"/> Add
		Unit 287	<input type="checkbox"/> Remove
		Fort Lauderdale, FL 33316	<input type="checkbox"/> Change
AMBR	Alexandra Jane Kelly	1625 South Ocean Lane	<input checked="" type="checkbox"/> Add
		Unit 287	<input type="checkbox"/> Remove
		Fort Lauderdale, FL 33316	<input type="checkbox"/> Change
AMBR	Universal Programs, LLC	1625 South Ocean Lane	<input checked="" type="checkbox"/> Add
		Unit 287	<input type="checkbox"/> Remove
		Fort Lauderdale, FL 33316	<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

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

Ownership interests in ACG, LLC shall be amended as follows:

Kelly Dee, Kelly 20%

William Deshazor Kelly 20%

Jessica Danielle Kelly 20%

Alexandra Jane Kelly 20%

Universal Programs, LLC 20%

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STATE OF MISSISSIPPI

E. Effective date, if other than the date of filing: _____ ^{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 June 15, 2022



Signature of a member or authorized representative of a member

Kelly Dee Kelly, Managing Member

Typed or printed name of signee

Filing Fee: \$25.00