

L1700055303

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

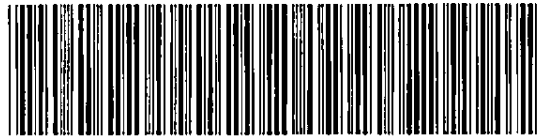
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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FILED
CLERK MAY 31 2018
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2018 MAY 31 PM 4:27

06/01/18--01001--012 **25.00

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2018 MAY 31 PM 5:08

N. CAUSSEAU

JUN -1 2018

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

AC Guyz LLC

Signature _____

Requested by: SETH

05/31/18

Name

Date

Time

Walk-In _____

Will Pick Up _____

Art of Inc. File _____

LTD Partnership File _____

Foreign Corp. File _____

L.C. File _____

Fictitious Name File _____

Trade/Service Mark _____

Merger File _____

Art. of Amend. File _____

RA Resignation _____

Dissolution / Withdrawal _____

Annual Report / Reinstatement _____

Cert. Copy _____

Photo Copy _____

Certificate of Good Standing _____

Certificate of Status _____

Certificate of Fictitious Name _____

Corp Record Search _____

Officer Search _____

Fictitious Search _____

Fictitious Owner Search _____

Vehicle Search _____

Driving Record _____

UCC 1 or 3 File _____

UCC 11 Search _____

UCC 11 Retrieval _____

Courier _____

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

AC GUYZ LLC

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

The Articles of Organization for this Limited Liability Company were filed on 03/09/2017 and assigned
Florida document number L17000055303.

This amendment is submitted to amend the following:

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

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L."

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)

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:

PHILIP CLARKE

New Registered Office Address:

1505 N FLORIDA AVE

Enter Florida street address

TAMPA

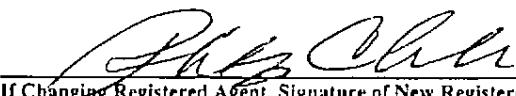
City

, Florida 33602

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	NAURA, NASSER	1000 Via San Marco Loop	<input type="checkbox"/> Add
		Fort Myers, FL 33905	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	MANSOUR, OMAR	8295 Tournament Dr Ste 150	<input type="checkbox"/> Add
		Memphis, TN 38125	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	O'MARA, MICHAEL	27 Scarlet Woods Ct	<input checked="" type="checkbox"/> Add
		The Woodlands, TX 77380	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	CORMIER, STEVEN	287 Deepwood Dr	<input checked="" type="checkbox"/> Add
		Amston, CT 06231	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	DEEB, DENNIS	19 Yardley Ct #404	<input checked="" type="checkbox"/> Add
		Albany, NY 12211	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AR	CLARKE, PHILIP	1505 N Florida Ave	<input checked="" type="checkbox"/> Add
		Tampa, FL 33602	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

11/10/27

SECRET
DEPARTMENT OF THE ARMY
WASHINGTON, D.C. 20315
12018 MAY 31 PM 4:27

E. Effective date, if other than the date of filing: June 1, 2018 (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 1~~ MAY 31, 2018

Signature of a member or authorized representative

Signature of a member or authorized representative of a member

PHILIP CLARKE, AUTHORIZED REPRESENTATIVE

Typed or printed name of signee