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## **COVER LETTER**

Divis	sion of Corpo	orations		
SUBJECT:	AC DESIGN	& HOMES, LLC		
SOBJECT.	=	Name of Limit	ted Liability Company	
The enclosed	Articles of Ar	mendment and fee(s) are subn	nitted for filing.	
Please return	all correspond	dence concerning this matter to	o the following:	
		CARLOS ALEXANDRE D	A SILVA CUNHA	
			Name of Person	
		AC DESIGN & HOMES LI	LC	
			Firm/Company	
		3820 LOSCO RD# 201		
			Address	
		JACKSONVILLE, FL, 322	57	
			City/State and Zip Code	
		safewaymultiservice@hotma		
		E-mail address: (to	o be used for future annual report notificat	ian)
For further in	formation con	cerning this matter, please cal	11:	
Carlos Cunha			904 514-7397 at ( )	
	Name of P	erson	at () Area Code Daytime Te	lephone Number
Enclosed is a	check for the	following amount:		
■ \$25.00 Fi	ling 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:

TO:

Registration Section

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

AC DESIGN & HOMES LLC		
(Name of the Limited Liability Co (A Florida Lim	ompany as it now appears on our records. ited Liability Company)	)
The Articles of Organization for this Limited Liability Comp	oany were filed on 05/01/2017	and assigned
Florida document number L17000095314		
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 E	Liability Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS	<u> </u>	
		<u> </u>
		<u>=</u>
Enter new mailing address, if applicable:		<u> </u>
Mailing address MAY BE A POST OFFICE BOX)		
		3
		087 <b>4</b> 0.7
B. If amending the registered agent and/or registered egistered agent and/or the new registered office address		enter the name of the n
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Flor	ida
	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
AMBR	THIAGO PEREIRA ARAUJO	3820 LOSCO RD # 201 - JACKSO	Add
			Remove
			Change
			□ Remove
			Change
			Add 7 GRemove.
			TRemove .
			Change
			☐ Remove
			Change
			☐ Remove
		. <u>.                                   </u>	Change
			Add
			Remove
			□ Change

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<b>9</b>

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Filing Fee: \$25.00