From, M. BURR KEIM CO., Fax: (215) 977-9388



Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H180002016143)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations Fax Number : (850)617-6383 From: Account Name : M. BURR KEIM COMPANY Account Number: I19990000242 Phone : (215) 563-8113 : (215)977-9386 Fax Number

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

Email Address:

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN ACCU-TRADE, LLC

Certificate of Status 0 0 Certified Copy 04 Page Count \$25.00 Estimated Charge

8

Electronic Filing Menu Corporate Filing Menu

Help

Fax: (850; 617-8363

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

To:

AC	CU-TRADE, LLC	
(Name of the Limited Liability (A Florida Li	Company as it now appears on our records. mited Liability Company))
The Articles of Organization for this Limited Liability Com Florida document number <u>L17000128762</u>	npany were filed on June 13, 2017	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	d liability company here:	
The new name must be distinguishable and contain the words "Limited	I Liability Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		* 1 1 8
• •	GE)	"
(Principal office address MUST BE A STREET ADDRE	<u> </u>	No. of the second secon
		, , , , , , , , , , , , , , , , , , ,
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		, , , , , , , , , , , , , , , , , , ,
immung and ess mail DDA 1 GOT OF A 1 GO Brong		<u> </u>
B. If amending the registered agent and/or register registered agent and/or the new registered office address Name of New Registered Agent:	red office address on our records, ss here:	enter the name of the ne
New Registered Office Address:		
	Enter Florida street address	•
	, Flo	rida
	City	7.1p 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

Title	Name	Address	Type of Action
MGR	Robert M. Hollenshead	1373 Lancaster Road	
		Manheim, PA 17545	□ Remove
			☐ Change
			□ Add
			Remove
			Change
			Add
			Remove
		Change	
		Add	
		Remove	
			☐ Change
		□ Add	
			Remove
			☐ Change
			□ Add
			Remove
			□ Change

To:

	 -	 					
	·			···		- . —	
					·		

		 					—
		-					—
		. <u>-</u>				Nw.	
							ထ
		· 				; ;	===
						٠٦٠٠	

							<u>`</u>
		·			·	* ,	
*							
lective date, if c	ther than the date of	f filing:			(optioz	ıaJ)	
n effective date is li	other than the date of sted, the date must be speci serted in this block does	ific and cannot be pr	for to date of t	filing or more tha	n 90 days after fi	ling.) Pursuant to late will not be	605.02 listed
cument's effective	e date on the Departme	nt of State's recor	ds.	iory mmg rada			
				45 4 2-4 4		on the o	lia=
record specif The 90th day	ies a delayed effect after the record is i	tive date, but filed.	not an em	ecave ame,	at 12:01 a.	m. On the ea)i iiei
	11#h	2010					
ited July	11th	2018			m		
		re of a member or a		- mative of a m			-

Page 3 of 3

Filing Fee: \$25.00