117000/56526

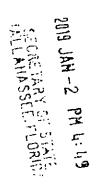
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JAN 1 2 2019 C. MICNAIR

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Accel Crafor Moderns 6 oug LLC
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Jonathan Glatt
Accelerator Matchis Goylla
12713 Night Shade Place
Lakewood Ranch, FC34202
Lakeward Ranch, FL34202 City/State and Zip Code Jong La Ha 9 Mail: com E-mail/address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Tonathan Glatt at (914) 805-0598 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & ■ \$60.00 Filing Fee, Certificate of Status □ Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

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 Fallahassee, FL 32301

ARTICLES ÖF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(<u>Name of the Limited Liab</u> i (A Flore	ility Company as it now appears on our records.) da Limited Liability Company)
The Articles of Organization for this Limited Liability	Company were filed on 1/25/2017 and assigned 5
Florida document number <u>L17000156</u> ,	526
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the lir	nited liability company here:
MA	
he new name must be distinguishable and contain the words "Li	mited Liability Company, "the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	MA
<u>Principal office address MUST BE A STREET ADD</u>	ORESS)
Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX)	MB
3. If amending the registered agent and/or regregistered agent and/or the new registered office ad Name of New Registered Agent:	istered office address on our records, enter the name of the nedress here: MA
New Registered Office Address: //	Enter Florida street address
	Florida
	. Florida 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 Title <u>Address</u> Type of Action Name 1 12715 Night shade Place, Lakewood RANCH FG 34202 Korla Glatt ☐ Remove ☐ Change DAd □ ☐ Remove ☐ Change ☐ Remove _□ Change \Box \Box \Box ☐ Remove ☐ Change □ Add _____

Remove ____ □ Change □ Add

_□ Change

D. Ifamo	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
•	
-	
,	
•	
(If an ef <u>Note:</u>	tive date, if other than the date of filing: 12/27/2018 (optional) Tective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 day* after filing.) Pursuant to 605.0207 (3)(b) If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the ment's effective date on the Department of State's records.
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
Dated	December 27, 2018. 2018.
	December 27, 2018. 2018. Signature of a member or authorized representative of a member
	Tonathan Glatt Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00