## L17000158774

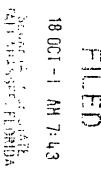
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## **COVER LETTER**

Division of Corporations
SUBJECT: ACAA HOLDINGS 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:
ANDREW GANGALE Nome of Person
Firm-Company
2290 10th AVE N, STE 301
City/State and Zip Code  OKCON 2471 (2) qmail, Com  E-mail address: (to be used for future) annual report notification)
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
ANDREW GANGALE at (561) 767 - 6110  Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee Scrifficate of Status Certified Copy (additional copy is enclosed)  \$25.00 Filing Fee Scrifficate of Status Certified Copy (additional copy is enclosed)
MAILING ADDRESS: STREET/COURIER ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

TO:

Registration Section

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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ACAA HOLDIA (Name of the Limited Liability Compa	iny as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L1700015877</u> .4	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
The new name must be distinguishable and contain the words "Limited Liabi Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	lity Company," the designation "LLC" or the abbreviation "L.L.C."  5319 CAKE WORTH RD  LAKE WORTH, FL 33463
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)	5319 LAKE WORTH RD LAKE WORTH, FL 33463
B. If amending the registered agent and/or registered o registered agent and/or the new registered office address her	ffice address on our records, enter the name of the new e: $\frac{\sum_{i=1}^{n} e_i}{\sum_{i=1}^{n} e_i} = \frac{1}{\infty}$
Name of New Registered Agent:	<del></del>
New Registered Office Address:	Enter Florida street address  Florida   City   Zip Code

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.

New Registered Agent's Signature, if changing Registered Agent:

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person\_being added</u> or removed <u>from our records</u>:

MGR = Manager AMBR = Authorized Member Title Address Type of Action <u>Name</u> CODY RUE 2290 10th AVE N - Add MGR STE 301 LAKE WORTH, FL 3346T Change ☐ Add ☐ Remove ☐ Change ₹ □ Remov Change 5 □ Remove ☐ Change □ Add ☐ Remove ☐ Change □ Add ☐ Remove

\_ Change

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Effective date, if other than the date of filing:	(optional)	
(If an effective date is listed, the date must be specific and cannot be prior to date of fil Note: If the date inserted in this block does not meet the applicable statute document's effective date on the Department of State's records.		
the record specifies a delayed effective date, but not an effective factory of the specifies and the record is filed.	ctive time, at 12:01 a.m. on the earl	ier of:
Dated SEPTEMBER 7. 2018.		
AND REW GANGALE  Typed or printed name of s	sentative of a member	
1		

Page 3 of 3

Filing Fee: \$25.00