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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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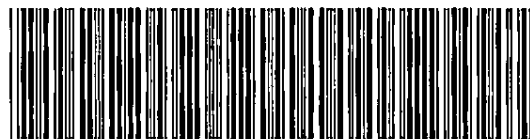
(Business Entity Name)

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
18 MAY 29 PM 1:27

N COOPER

MAY 30 2018

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: AC EVENTS 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:

ALVARO ABREU

Name of Person

AC EVENTS LLC

Firm/Company

3300 NW 112 AV UNIT 3

Address

MIAMI FLORIDA 33172

City/State and Zip Code

ALVARO@TLCARGO.NET

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ALVARO ABREU

786 6034298

at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 Filing 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:
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

AC EVENTS LLC

Page 1 of 3

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>
MGR	BELL CONSULTING CORP	3300 NW 112 AV UNIT 3	<input type="checkbox"/> Add
		MIAMI FLORIDA 33172	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	CRISTOPHER DE ABREU	3300 NW 112 AV UNIT 3	<input checked="" type="checkbox"/> Add
		MIAMI FLORIDA 33172	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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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.

Dated 05.22/18

Signature of a member or authorized representative of a member

ALVARO ABBREU

Typed or printed name of signee