## 118000071221

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(Ad	ldress)	
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(Cit	ty/State/Zip/Phone	e #)
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2018 HAY I'V PM 4: 16 SECRETARY OF STATE

## **COVER LETTER**

Division of Cor	rporations	
ACME On SUBJECT:	The Go 2, LLC	
	Name of Limited Liability Company	
The enclosed Articles of	Amendment and fee(s) are submitted for filing.	
Please return all correspo	ondence concerning this matter to the following:	
	Rhonda Kieper	
	Name of Person	
	ACME Mobile LED, LLC	
	Firm/Company	
	29453 Duncan Trace	
	Address	
	Wesley Chapel, FL 33545	
	City/State and Zip Code	
	rhonda@acmemobileled.com  E-mail address: (to be used for future annual report notification)	
For further information co	concerning this matter, please call:	
Rhonda Kieper	813 455-0155 at ( )	
Name of	of Person Area Code Daytime Telephone Number	
Enclosed is a check for th	ne following amount:	\
\$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status  Certificate of Status  Certified Copy (additional copy is exclosed)  Certified Copy (additional copy is exclosed)	$\Big)$

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

TO:

Registration Section

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

ACME On The Go 2, LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on March 20, 2018 and assigned Florida document number L18000071221 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: ACME Mobile LED, LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address Florida City 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

If Changing Registered Agent, Signature of New Registered Agent

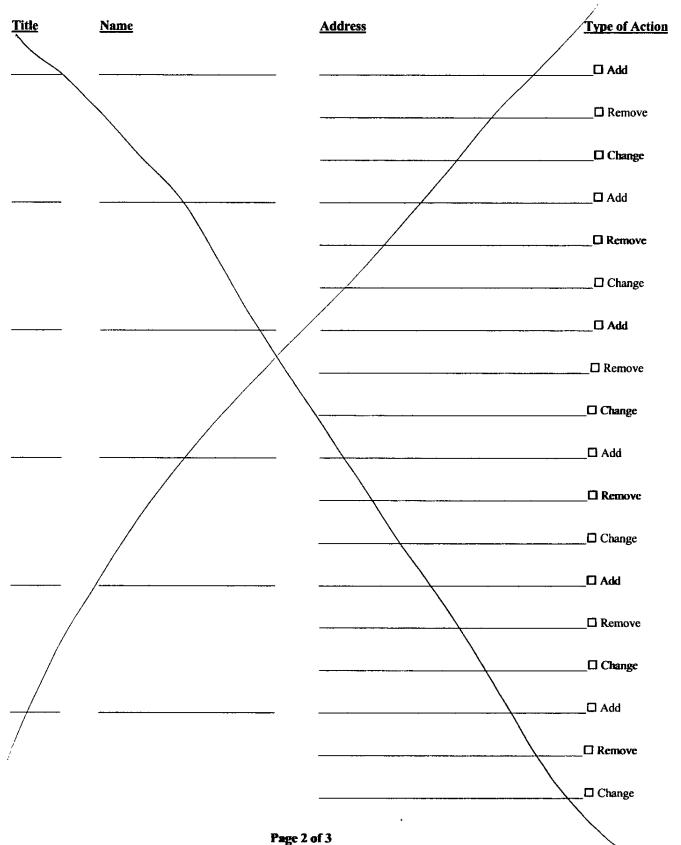
accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability

company has been notified in writing of this change.

. If 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

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ective date, if other than the date of filing:effective date is listed, the date must be specific and cannot e: If the date inserted in this block does not meet the ument's effective date on the Department of State's r	(optional) be prior to date of filing or more than 90 days after filing.) Pursuant to 60 e applicable statutory filing requirements, this date will not be list records.
record specifies a delayed effective date, but ne 90th day after the record is filed.	out not an effective time, at 12:01 a.m. on the earli
at May , 2	or authorized representative of a member
Signate of a montoci	

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Filing Fee: \$25.00