

L18000130872

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

(Business Entity Name)

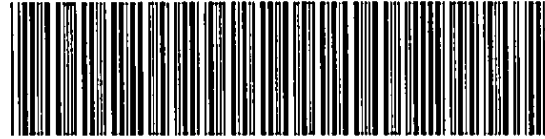
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

wrong form

Office Use Only



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09/18/18--01010--012 **35.00

18 OCT -1 AM 11: 09

STATE OF MASSACHUSETTS
SECRETARY OF STATE

Amend/name change

OCT 17 2018

D CUSHING

COVER LETTER

TO: **Registration Section
Division of Corporations**

SUBJECT: ACM Food Experience 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:

William Strange
Name of Person
US Business Center Consulting INC
Firm/Company
21782 Philmont Ct
Address
Boca Raton FL 33428
City/State and Zip Code
williamstrange@hotmail.com
E-mail address: (to be used for future annual report notification)

2018 OCT -1 PM 12:23
OFFICE RECEIVED

2018 OCT -1 AM 11:49
CORPORATION DIVISION

For further information concerning this matter, please call:

William Strange at (305) 582-1988
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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 21, 2018

WILLIAM STRANGE
WS BUSINESS CENTER CONSULTING INC
21782 PHILMONT CT
BOCA RATON, FL 33428

SUBJECT: ACM FOOD EXPERIENCE LLC
Ref. Number: L18000130872

We have received your document for ACM FOOD EXPERIENCE LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a Corporation, but your entity is a Limited Liability Company. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Diane Cushing
Senior Section Administrator

Letter Number: 818A00019666

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

ACM Food Experience LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

FILED
MAY 24 2018
MIAMI, FL
CLERK OF COUNTY COURT

The Articles of Organization for this Limited Liability Company were filed on May 24, 2018 and assigned Florida document number L18000130892.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

ACM Broward Food Experience LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

490 NW 36th Street

Unit # 6111

MIAMI FL 33127

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

490 NW 36th Street

Unit # 6111

MIAMI FL 33127

B. 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:

Miguel Carrero

New Registered Office Address:

490 NW 36th Street, Unit # 6111

Enter Florida street address

MIAMI

City

Florida

33127

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.

Miguel Carrero

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>MGR</u>	<u>Camilo mendez</u>	<u>8000 W. Broward Blvd</u>	<input type="checkbox"/> Add
		<u>unit # 1327</u>	<input checked="" type="checkbox"/> Remove
		<u>Plantation Fl 33328</u>	<input type="checkbox"/> Change
<u>MGR</u>	<u>Antonio mendez</u>	<u>8000 W. Broward Blvd</u>	<input type="checkbox"/> Add
		<u>unit # 1327</u>	<input checked="" type="checkbox"/> Remove
		<u>Plantation Fl 33328</u>	<input type="checkbox"/> Change
<u>MGR</u>	<u>ADRIANA Perez</u>	<u>8000 W. Broward Blvd</u>	<input type="checkbox"/> Add
		<u>unit # 1327</u>	<input checked="" type="checkbox"/> Remove
		<u>Plantation Fl 33328</u>	<input type="checkbox"/> Change
<u>MGR</u>	<u>ACM USA Corp</u>	<u>490 NW 36th St</u>	<input checked="" type="checkbox"/> Add
		<u>unit # 6111</u>	<input type="checkbox"/> Remove
		<u>MIAMI Fl 33127</u>	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

~~_____

_____~~

E. Effective date, if other than the date of filing: 09/06/2018 (optional)
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)
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.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
(b) The 90th day after the record is filed.

Dated September 09, 2018.

Miguel Carreno
Signature of a member or authorized representative of a member

MIGUEL CARRENO
Typed or printed name of signee