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(Red	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates	of Status
Special Instructions to I	Filing Officer:	

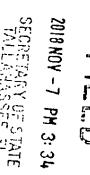




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11/07/18--01017--007 **55.00

As is



COVER LETTER

	tion Section of Corporations
SUBJECT: ACA	A DELIVERIES, LLC
SUBJECT:	Name of Limited Liability Company
The enclosed Artic	cles of Amendment and fee(s) are submitted for filing.
Please return all co	orrespondence concerning this matter to the following:
	Brooke Typer
	Name of Person
	Entrepreneur Success, Inc.
	Firm/Company
	4204 E Lake Chapin Road
	Address
	Berrien Springs, MI 49103
	City/State and Zip Code
	brooke@entsuccess.com
	E-mail address: (to be used for future annual report notification)
For further informa	ation concerning this matter, please call:
Brooke Typer	269 545-1804 at ()
1	Name of Person at () Area Code Daytime Telephone Number
Enclosed is a chec	k for the following amount:
□ \$25.00 Filing	Fee Solutional copy is enclosed) \$60.00 Filing Fee, Certificate of Status 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, F1, 32314

STREET/COURIER ADDRESS:

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

FILED

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

2018 NOV -7 PM 3

ACA DELIVERIES, LLC	ACA	DEL	TYER	JES.	LLC	:
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This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or ing abbrevation 112. 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). B. If amending the registered agent and/or registered office address on our records, enter the lamb terregistered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Orlando Florida City This amending the registered Agent: City The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or ing abbreviation "LLC" or ing	The Articles of Organization for this Limited	··· Liability Company w	ere filed on July	24, 2018	and autimed
A. If amending name, enter the new name of the limited liability company here: 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). B. If amending the registered agent and/or registered office address on our records, enter the many registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Andres Velez Hernandez Plorids 2000-0500. City					
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provisions of all statutes relative to the proper and complete performance of my duties, and Lambanilla villa decept the philipping of my position as registered agent as provided for in Chapter 605, F.S. Of Whisdown and 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

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>	Type of Action
MGR	Gloria Hernandez Rivera		□ Add
		2249 Saw Palmetto Lane-Apt. 110 Orlando, FL 32828	Remove
			☐ Change
MGR	Andres Velez Hernandez	2249 Saw Palmetto Lane-Apt. 110 Orlando, FL 32828	
			□ Remove
			□ Change
			Add
			☐ Remove
		-	Change
			Remove
			Change
			Remove
			Change
			☐ Remove
			☐ Change

cetive date, if other than the date of filing: [If the date instructed in this block does not meet the applicable statutory filing requirements, this date will not believe and the Department of State's records, [If the date instructed in this block does not meet the applicable statutory filing requirements, this date will not believe and the proof of t	_	ther information,	, enter changet	a) nere: 12m					•	
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Filing Fee: \$25.00