L14000029363

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(Address)
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(City/State/Zip/Phone #)
(Business Entity Name)
(Document Number)
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COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT: ame 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:



For further information concerning this matter, please call:

at (<u>239</u>) <u>200-6843</u> Area Code Davtime Telephone Number Judalipe Name of Person

Enclosed is a check for the following amount:

≤ \$25.00 Filing Fee

□ \$30.00 Filing Fee & Certificate of Status

S55.00 Filing Fee & Certified Copy (additional copy is enclosed) S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)

<u>Mailing Address:</u> Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 <u>Street Address:</u> Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF		
ARTICLES OF C O	RGANIZATION	FILED
A.C.SERVICES, (Name of the Limited Liability Compa (A Florida Limited I	LCC ny as it now appears on our re- liability Company)	2022 JUL 15 PH 5: 03
The Articles of Organization for this Limited Liability Company Florida document number $\underline{L1900029343}$.	were filed on $05/17$	2022 and assigned
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limited liab</u>	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabil	ity 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)		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress on our records, <u>en</u>	<u>iter the name of the new registered</u>
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street ad	ldress
		. Florida
	City	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.

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

i.

.

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	<u>Type of Action</u>
MGR	IVAN TORRES	685 97 AVEN	🗆 Add
		NAPLEZ, FL 34108	Kemove
			🗆 Change
	······		🖸 Add
			🗆 Remove
			□Change
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			🗆 Remove
			□ Change

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

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·····					
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		 	·		
		 <u>.</u>			

E. 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 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	MAY 17	2022	
	,	And	
		Signature of a member or withouzed representative of a member	
		GUADALUSE A LOPEL	
		Typed or printed name of signee	