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(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
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(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
		
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RABIA ALI / IMTIAZ ALI 6749 BULRUSH COURT WEST PALM BEACH FL 33413

COVER LETTER

TO:	Registration Se Division of Co				
		RIBUTION LLC			
SUBJE	ECT:	Name of Limi	ted Liability Company		
The en	closed Articles of	Amendment and fee(s) are subt	nitted for filing.		
Please	return all correspo	ondence concerning this matter t	to the following:		
		IMTIAZ K ALI			
			Name of Person		
		ACS DISTRIBUTION LLC			
		 	Firm/Company		•
		6749 BULRUSH COURT			
			Address		•
		WEST PALM BEACH, FL 3	33413		
		rabiaaali2019@gmail.com	City/State and Zip Code		-
		E-mail address: ()	to be used for future annual	report notification)	
For fu	rther information	concerning this matter, please ca	all:		
RABIA	A A ALI		561 67 at ()	6-1854	
	Name	of Person	Area Code	Daytime Telephone Number	r
Enclos	sed is a check for	the following amount:			
■ \$2	5,00 Filing Fec	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee Certified Copy radditional copy is en	Certifica closed) Certified	ite of Status &

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ACS DISTRIBUTION LLC	. <u></u>	
(<u>Name of the Limited I</u>	liability Company as it now appears on our recor Florida Limited Liability Company)	<u>ds.</u>)
The Articles of Organization for this Limited Liabi Florida document number L19000032723	lity Company were filed on 01/31/2019	and assigned
This amendment is submitted to amend the followi	ng:	
A. If amending name, enter the new name of th	e limited liability company here:	
The new name must be distinguishable and contain the word	s "Limited Liability Company," the designation "LL	C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicabl	le:	
(Principal office address MUST BE A STREET A	4DDRESS)	
Enter new mailing address, if applicable:		
<u>(Mailing address MAY BE A POST OFFICE BO</u>	<u> </u>	
B. If amending the registered agent and/or		do enter the name of the new
B. If amending the registered agent and/or registered agent and/or the new registered offic	e address here:	, co ;
		3 3
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street addr	<u> </u>
	, F	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 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:

	Manager	
AMBR =	Authorized	Member

Tit <u>le</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	IMTIAZ K ALI	6749 BULRUSH COURT, WEST PALM BEACH, FLORIDA 33413	
			☐ Remove
			Change
MGR	RABIA A ALI		Add
		6749 BULRUSH COURT, WEST PALM BEACH, FLORIDA 33413	■ Remove
			Change
PRES	IMTIAZ K ALI		
		6749 BULRUSH COURT, WEST PALM BEACH FL 33413	Remove
			Change
			Add
			Remove
			Change
			Remove
			Change
			□ Add
			Remove
			☐ Change

						
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iote: If the	ate, if other than that date is listed, the date date inserted in this effective date on the	i block does not i	neet the applicab	date of filing or mor le statutory filing i	(option: e than 90 days after file equirements, this day	al) ng.) Pursuant to 605.020 ate will not be listed a

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00