L19000114817

(Peguestor's Name)			
(Requestor's Name)			
(Address)			
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(City/State/Zip/Phone #)			
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DIVISION OF COMPORATIONS

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2022 JUN -8 AM SECRETARY OF S

COVER LETTER

	Registration Se Division of Cor		,	. تقر
SUBJEC		ITIES, LLC		
SUBJEC	<u> </u>	Name of Lim	ited Liability Company	
The encl	osed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please re	turn all correspo	ondence concerning this matter	to the following:	
		RICHARD CRIBBS		
		-	Name of Person	
		ACS UTILITIES, LLC		
			Firm/Company	
		3907 EDGEWOOD DR		
			Address	
JACKSONVILLE, FLORIDA 32254				
		acetng.acs@acs-utilities.cor	City/State and Zip Code n	
		E-mail address: (to be used for future annual report noti	fication)
For furth	er information c	oncerning this matter, please co	all:	
RICHAR	RD CRIBBS		904 505-6262 at ()	
_	Name o	f Person	Area Code Daytim	e Telephone Number
Enclosed	is a check for th	ne following amount:		
□ \$25.0	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 Addres	<u>s:</u>	Street Address:	

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

2022 JUH -8 AM 8: 40

ACS UTILITIES, LLC

SECRETARY OF STATE FALLAHASSEE, FLOWER

(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 1	Liability Company were filed on	4/26/2019 and assigned
Florida document number L19000114817	- · · ·	
This amendment is submitted to amend the fol		
A. If amending name, enter the new name of	of the limited liability company	<u>here</u> :
The new name must be distinguishable and contain the	words "Limited Liability Company." th	e designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:	
(Principal office address MUST BE A STREA	ET_ADDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	BOX	
B. If amending the registered agent and/or agent and/or the new registered office addre		records, enter the name of the new registere
Name of New Registered Agent:	RICHARD CRIBBS	
New Registered Office Address:	2159 CHABLIS COURT	
	Enter F	lorida street address
	ORANGE PARK	, Florida ³²⁰⁷³
	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:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
MGR	ANNA AMAN	2694 FOXHUNT TRAIL	□Add
		ST JOHNS, FL 32259	≣Remove
			□ Change
			□Add
			□Remove
			□Change
			□Add
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Effective date, if other than the d If an effective date is listed, the date must b <u>Note:</u> If the date inserted in this bloc document's effective date on the Dep	be specific and cannot be be does not meet the a	applicable statutory	(option or more than 90 days after filing requirements, this	filing.) Pursuant to 605,0207 (3
,				
e record specifies a delayed effective ord is filed.	date, but not an effec	tive time, at 12:01 a	.m. on the earlier of: (b) The 90th day after the
Dated JUNE 6	2022	·		
· · ·	C			
		1 -		
Kiehang	ignature of a member o	r authorized represent	ative of a number	

Filing Fee: \$25.00