119000138998

Louinenca Jean
LOUIVUICA Jean (Requestor's Name) (STOLN W 29th CT (Address)
SUNTISE FC 33313 (Address)
(Address) (954) 513 - 0943 (City/State/Zip/Phone #)
PICK-UP WAIT MAIL ACCELL LLC (Busineds Entity Name)
(Busined's Entity Name) L 19 000138998 (Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



100337684321

12/05/19--01002--009 **25.00

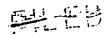
2019 DEC -4 PM 4: 13



COVER LETTER

SUBJECT:	A <mark>G</mark> C&L, LLC				
SUBJECT.		Name of Lin	nited Liability Company		
The enclosed	l Articles of .	Amendment and fee(s) are sub	omitted for filing.		
Please return	all correspo	ndence concerning this matter	to the following:		
		LOUIVENCA JEAN			
			Name of Person		
	Name of Limited Liability Company d Articles of Amendment and fee(s) are submitted for tiling. In all correspondence concerning this matter to the following: LOUIVENCA JEAN Name of Person ACC&L, LLC Firm/Company 6501 NW 29TH CT Address SUNRISE, FL 33313 City/State and Zip Code louivencaj@yahoo.com E-mail address: (to be used for future annual report notification) information concerning this matter, please call:				
			Firm/Company		
		6501 NW 29TH CT			
			Address		
		SUNRISE, FL 33313			
		•	City/State and Zip Code		
				C. action	
Pau Carlo ania	. C			neation)	
		oncerning this matter, prease c			
LOUIVENC			at (
	Name of	Person	Area Code Daytim	e Telephone Number	
Enclosed is a	check for th	e following amount:			
■ \$25.00 I	filing Fee		Certified Copy	Certificate of Status & Certified Copy	
Reg Div P.C	gistration S vision of Co D. Box 632	ection orporations 7	Registration Sec Division of Cor The Centre of T	porations Callahassee e Street, Suite 810	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



ACC&L, LLC		THE THE CHU A 18 BU
(Name of the Limited Liability (A Florida	ty Company as it now appears on our reco Limited Liability Company)	ords.)
(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Salaria, Company,	Lie stor of reducid
The Articles of Organization for this Limited Liability C	ompany were filed on May 23, 2019	and assigned
Florida document number L19000138998	<u>_</u> .	
This amendment is submitted to amend the following:	(Name of the Limited Liability Company as it now appears on our records) (A Florida Limited Liability Company) (A Florida Limited Liability Company) (A Florida Limited Liability Company) May 23, 2019 FILL ATTACL VIOLITY and assigned to number L19000138998 is submitted to amend the following: name, enter the new name of the limited liability company here: be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." it pal offices address, if applicable: address MUST BE A STREET ADDRESS) In address, if applicable: MAY BE A POST OFFICE BOX) the registered agent and/or registered office address on our records, enter the name of the new registered new registered office address here: [New Registered Agent:	
A. If amending name, enter the new name of the limi	ited liability company here:	
The new name must be distinguishable and contain the words "Lim	ited Liability Company," the designation "L	LC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDR	PESS)	
		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	l office address on our records, <u>ent</u>	er the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street add	ress
 -		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, 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>	Address	Type of Action
AMBR	ANISHKA PETITNOEL	6501 NW 29TH CT	□Add
		SUNRISE, FL 33313	□Remove
			≡ Change
MGR	ANISHKA PETITNOEL	6501 NW 29TH CT	■Add
		SUNRISE, FL 33313	□Remove
		 	□ Change
			□Add
		 	□Remove
			□Change
			□ Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
		<u> </u>	Remove
			□Change

Page 2 of 3

		· · · · · · · · · · · · · · · · · · ·	·	
				
		 -		···
		•		
			· · · · · · · · · · · · · · · · · · ·	
-				
				
			<u></u>	
 	·			
ective date, if other than the da	te of filing:		(optional)	
effective date is listed, the date must be tee. If the date inserted in this block				
cument's effective date on the Depar				
record specifies a delayed ef he 90th day after the record	ffective date, but not I is filed.	an effective time,	at 12:01 a.m. on the	earlier o
December 4th	2019			
/	1 over	25 ()		
	mature of a member or author			

Page 3 of 3

Filing Fee: \$25.00