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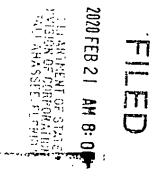
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MAR 12 2020 S. YOUNG

COVER LETTER

	gistration Serision of Cor		,	
	Acopoulos	Solutions, LLC		
SUBJECT:				
		Name of Lim	ited Liability Company	
The enclosed	d Articles of a	Amendment and fee(s) are sub	mitted for filing.	
Please return	all correspon	ndence concerning this matter	to the following:	
		Zephaniah George		
			Name of Person	
		Acopoulos Solutions, LLC	C	
		-	Firm/Company	
		2269 Powder Hill Road		
			Address	
		Hartford, WI 53027		
		vp.acopoulossolutions@gr	City/State and Zip Code nail.com	
		E-mail address: (to be used for future annual report no	otification)
For further i	nformation co	oncerning this matter, please ca	all:	
Zephaniah	George		757 469-9051	
			at ()	ime Telephone Number
	Name of	f Person	Area Code Dayt	ime Telephone Number
Enclosed is	a check for th	e following amount:		
≡ \$25.00	Filing Fee	S30.00 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)
	iling Addres		Street Address:	
	gistration S	Section orporations	Registration S Division of C	
	7). Box 632	•	The Centre of	
	llahassee, F			roe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Acopoulos Solutions, LLC

(Name of the Limited Liabi	lity Company as it now appears of da Limited Liability Company)	n our records.)
(a.		기열의 글 기
The Articles of Organization for this Limited Liability	Company were filed on	and Risigned
Florida document numberL19000182569	·	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	nited liability company here	:
The new name must be distinguishable and contain the words "Lit	mited Liability Company," the design	gnation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADD	RESS)	
T)		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
		
B. If amending the registered agent and/or registered		ords, enter the name of the new registere
agent and/or the new registered office address here:		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida	street address
		Florida
	Ciţ	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 or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Zachary Jonathan Hetfield	14 Stone Corner Circle, Madison, Wi 53704	_
1111011			= Add
			□Remove
			□Change
			🗆 Add
			□Remove
			□Change
			🗀 Add
			□Remove
			□Change
			🗀 Add
			□Remove
			□Change
			🗀 Add
			□Remove
			□Change
			□Add
			Remove

to	\$1,000.00 each and change so that each member has a 33.33% interest in the company.
_	
_	
_	
_	
_	
_	
-tiv	a data if other than the data of filing: $47/15/2$ (ontional)
ffec	e date, if other than the date of filing: $2/15/200$ (optional) tive 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 605.0.
<u>:</u> 16	the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed at's effective date on the Department of State's records.
	and on the value of the value o
ard	consider a delegand officialize data has not an officialize simple to 12.01 and the saction of the 17th 10th data for a
filea	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
d (02/15/2020
·	
	Signature of a member or authorized representative of a member

Filing Fee: \$25.00