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PICK-UP	WAIT	MAIL
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Special Instructions to F		
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FLORIDA FILING & SEARCH SERVICES, INC.

P.O. BOX 10662 TALLAHASSEE, FL 32302 155 Office Plaza Dr Ste A Tallahassee FL 32301 PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE: 8/14/2023

NAME: ACP HOME ARMOUR LLC

TYPE OF FILING: AMENDMENT

COST:

25.00

RETURN: PLAIN COPY PLEASE

ACCOUNT: FCA00000015

AUTHORIZATION: ABBIE/PAUL HODGE

COVER LETTER

TO: Registration Secti Division of Corpo			
SUBJECT: ACP	Home Ama	Liability Company	
The enclosed Articles of An	nendment and fee(s) are submitt	ted for filing.	
Please return all correspond	ence concerning this matter to the	he following:	
	Antonio Co	Name of Person	
	ACP Home	Firm/Company	
	1905 NW 19	Address	
	formano Be	City/State and Zip Code	
	E-mail address: (to b	e used for future annual report notification)
For further information con	cerning this matter, please call:		
Autouro Name of P	Correct Sterson	at (954) 707, 771 Area Code Daytime Telep	C hone Number
Enclosed is a check for the	following amount:		
\$25.00 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 Address:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
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

ACP Howe	Amous LLC ted Liability Company as it now appears on our records.)	
(trank of the Carry	(A Flonda Limited Liability Company)	
The Articles of Organization for this Limited L Florida document number		and assigned
This amendment is submitted to amend the foll	lowing:	
A. If amending name, enter the new name o	of the limited liability company here:	
The new name must be distinguishable and contain the v	words "Limited Liability Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applic	cable:	201
(Principal office address MUST BE A STREE		
Enter new mailing address, if applicable:		- 17
(Mailing address MAY BE A POST OFFICE	BOX	ႏ
Trading address 1997 1997 1 Con Oliver		27
B. If amending the registered agent and/or ragent and/or the new registered office address	registered office address on our records, <u>enter the</u> ess here:	name of the new registere
Name of New Registered Agent:	Antonia Correal	
New Registered Office Address:	1905 NW 18 ^{1L} St Enter Florida struct address	
	- Pompano Beach Florid	da <u>33069</u> Zip Cock
	¥	

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
P	Correal Antonio Sr	1905 NW 18th ST SWITE DE	2_ □Add
	•	Pompano beach, FL 33069	Remove
			Change
P	Correal, Antonio	1905 NW 18th 3t suite D2 Pompare beach, FL 33069	🗹 Add
		Pompano beach, FL 33069	
			Change
			□Add
			□Remove
			Change
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an effe ote:	ve date, if other than the date of filing:
record Lis fil	d 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 ed.
ated _.	, 08/11/23 HJ-iC/
	Signature of a member or authorized representative of a member
	Antonio Correal

Filing Fee: \$25.00