(shown below) on the top and bottom of all pages of the document.

(((H24000164275 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : PERLMAN, BAJANDAS, YEVOLI, & ALBRIGHT P.L.

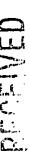
Account Number : I20040000167

Phone

: (305)377-0809

Fax Number

: (305)377-0781



** Pater the email address for this business entity to be used for future #2⊆annual report mailings. Enter only one email address please.** င်းမျှော် Address: corporatemia@pbyalaw.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN ACP HOME ARMOUR LLC

Certificate of Status	1
Certified Copy	0
Page Count	04
Estimated Charge	\$30.00

Electronic Filing Menu

Corporate Filing Menu

HELDY 07 2024

B

From: Ailette Mederos Fax: 17547786601

Fax: (850) 617-6383

To.

Page: 2 of 4

05/06/2024 11:47 AM

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ACP HOME ARMOUR LLC		
(Name of the Limited Liability Compa (A Florida Limited)	ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L20000056752</u> .	were filed on 02/19/2020	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:	1905 NW 18TH ST	
(Principal office address MUST BE A STREET ADDRESS)	D2	
	POMPANO BEACH, FL 33069	
Enter new mailing address, if applicable:	1905 NW 18TH ST	
(Mailing address MAY BE A POST OFFICE BOX)	D2	8
	POMPANO BEACH, FL 33069	
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, <u>enter the nai</u>	me of the new registere
Name of New Registered Agent:		15
New Registered Office Address:	1 -	22
rest registres office realings.	Enter Florida street address	·
	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.

From: Ailette Mederos

Fax: 17547786601

To:

Fax: (850) 617-6383

Page: 3 of 4

05/06/2024 11:47 AM

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
President	ANTONIO J. SR. CORREAL	1397 NW 92ND TERRACE	□∧dd
		CORAL SPRINGS, FL 33071	≣Remove
			□Change
AMBR	ANTONIO J. SR. CORREAL	1397 NW 92ND TERRACE	□Add
		CORAL SPRINGS, FL 33071	■Remove
			☐ Change
MGR	ANTONIO CORREAL	1905 NW 18TH ST	
		D2	□Remove
		POMPANO BEACH, FL 33069	■Change
			□ \\ \ \ \ \ \ \ \ \ \ \ \ \ \ \
			Remove
			Change
			🗖 Add
			Remove
			Change
			□Add
		···	Remove

		- .			
				<u>. </u>	
		-			
,,			· · · · · · · · · · · · · · · · · · ·		
			 	 <u>-</u> -	
			··-		
		·			
				<u> </u>	
		 			
					·
				_	
					-
		•			
Tective date, if other than n effective date is listed, the date ite: If the date inserted in thi cument's effective date on the	s block does not meet	the applicable	te of filing or more the statutory filing requ	(optional) an 90 days after filing pirements, this date) .) Pursuant to 605.020 will not be listed as
ecord specifies a delayed effe is filed.	ctive date, but not an	effective time,	at 12:01 a.m. on the	e earlier of: (b) Ti	ne 90th day after the
MAY 1		024	^		
		AL	representative of a r	·	

Fax: (850) 617-6383

Page: 4 of 4

05/06/2024 11:47 AM

From: Allette Mederos

Fax: 17547786601

To: