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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803

Fax Number : (855)330-1010

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email:	Address:			

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Help

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

2020 HAY 13 AIII!: 18

ACV Consultancy LLC		•
(Name of the Limited (A	Liability Company as it now appears on our records.) Florida Limited Liability Company)	
The Articles of Organization for this Limited Liab	oility Company were filed on 02/27/2020 and assigned	
This amendment is submitted to amend the follow	ving:	
A. If amending name, <u>enter the new name of t</u>	he limited liability company here:	
The new name must be distinguishable and contain the wor	rds "Limited Liability Company," the designation "L.L.C." or the abbreviation "L.L.C."	
Enter new principal offices address, if applical	ble:	
(Principal office address MUST BE A STREET	ADDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B	<u>OX)</u>	
B. If amending the registered agent and/or registered agent and/or the new registered offi	r registered office address on our records, enter the name of the nice address here:	<u>iev</u>
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Florida	
	City Zip Code	
Name Davis torsed Agant's Signature if changing Re	evistered 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		2020 HAT 13 ATTH: 18		
<u>Title</u>	<u>Name</u>	Address	Type of Action	
MGR	AURORA CAMELIA VILLUMSEN	7901 4TH ST N STE 300		
		ST. PETERSBURG, FL 33702	☑ Remove	
			Change	
MGR	Guerdly Annie Delacruz Hernandez	7901 4TH ST N STE 300	☑ Add	
		ST. PETERSBURG, FL 33702	□ Remove	
			□ Change	
			Add	
			Remove	
			Change	
			Add	
			Remove	
			Change	
			D Add	
			Remove	
			Change	
			O Add	
			Remove	
			🗆 Change	

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	<u> </u>
Effective date, if other than the date of filing: If an effective date is listed, the date must be specific and cannot be prior to date of filing. Note: If the date inserted in this block does not meet the applicable statutor document's effective date on the Department of State's records.	(optional) ng or more than 90 days after filing.) Pursuant to 605.0207 ry filing requirements, this date will not be listed as
he record specifies a delayed effective date, but not an effec The 90th day after the record is filed.	tive time, at 12:01 a.m. on the earlier of
Dated May 13 2020	
	entative of a member

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