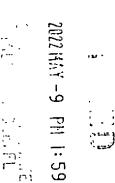
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Special Instructions to	Filing Officer:	

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Office Use Only

of 7/4/2022

## **COVER LETTER**

TO:

Registration Section Division of Corporations

Tallahassee, FL 32314

SUBJECT: A	CM FAMI	y & A 550 CT ited Liability Company	Ates L.L.C
The enclosed Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspor	idence concerning this matter	to the following:	
	Alexa	Name of Person	MEUS_
		Firm/Company	
	4426 B	randon Drive	
	DEIR	ZAY BEACH F City/State and Zip Code	L 33445
	Alex S M E-mail address: (1	niley 561 At Gm.	ail. Com
For further information co	ncerning this matter, please co	all:	
Alexander Name of	C. Simeus Person	at ( <u>561</u> ) <u>287</u> Area Code Daytim	- 0009  ne Telephone 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 So Division of Co P.O. Box 6327	ection orporations	Street Address: Registration Se Division of Cor The Centre of T	porations
1.0.000.0027		The Centre of 1	arrantanio C

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ACM FAMI	Ly LLC 2022 MAY -9 PH 1:59
(Name of the Limited Liability Compar (A Florida Limited L	1V as it now appears on our records.) iability Company)
The Articles of Organization for this Limited Liability Company	were filed on $05-12-2020$ and assigned
Florida document number 20000128601.	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabi	lity company here:
ACM FAMILY & ASSO  The new name must be distinguishable and contain the words "Limited Liability Limited Liability L	CIAFES, LL C ty Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
	. /.
Enter new mailing address, if applicable:	~/A
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress on our records, <u>enter the name of the new registe</u>
Name of New Registered Agent:	/ <sub>A</sub>
New Registered Office Address:	
	Enter Florida street address
	. Florida Zip Code
New Registered Agent's Signature, if changing Registered Agent:	City Zip Code
Thereby accept the appointment as registered agent and agre	a to get in this congeity. I foother comes to seemale with
provisions of all statutes relative to the proper and complete p	

company has been notified in writing of this change.

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

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 of removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
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			□Remove
			□Change
			□Remove
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		□Add	
			□Remove
			□Change

	<del></del>
If an ef Note:	tive date, if other than the date of filing:
ne re The	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of 90th day after the record is filed.
Dated	Signature of a member or authorized representative of a member
	Alexander C. Simeus Typed or printed name of signee

Page 3 of 3

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