## L20000128601

(Requestor's Name)  (Address)  (Address)  (City/State/Zip/Phone #)  PICK-UP WAIT MAIL
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## **COVER LETTER**

TO:

Tallahassee, FL 32314

TO: Registration Se Division of Cor				
SUBJECT:	A C F1 Name of Lin	Family Group ited Liability Company	LLC	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return all correspo	ndence concerning this matter	to the following:		
	Alexam	der C. Simeus Name of Person		-
	<del></del> .	Firm/Company		_
	4426 BIA	Address		2023 APR
	DE	IRAY BEACH FL City/State and Zip Code  IEY 5618 Gmail to be used for future annual report noti	33445	1023 APR -4 AM 8:55
For further information co	E-mail address: ( oncerning this matter, please co		fication)	8: 55 8: 55
		at ( <u><b>561</b></u> ) <u><b>287-</b> Area Code Daytim</u>	DOD 9 c Telephone Numbe	r
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)	Certified	ite of Status &
Mailing Address Registration S	Section	Street Address: Registration Sec		
Division of Co P.O. Box 632		Division of Cor The Centre of T	•	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ACM FAM, Ly & ASSO (Name of the Limited Liability Comp (A Florida Limited	o Ciates, LLC vany as it now appears on our record. Liability Company)	<u></u>
The Articles of Organization for this Limited Liability Company Florida document number <u>L 20000128601</u> .	y were filed on <b>05/04/</b>	2.2, and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lial		202
ACM FAMILY Group, LLC. The new name must be distinguishable and contain the words "Limited Liab	oility Company," the designation "LLC"	or the abbreviation "L.L.On"
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	_M/A	FF 55
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter	the name of the new registere
Name of New Registered Agent:	25/200-27	
New Registered Office Address:		<u></u>
	Enter Florida street address	r
	Flo	orida
	Ciţy	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 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>	<u>Name</u>	Address	Type of Action
<u> </u>	<u> </u>	<u>~/A</u>	□Add
			□Remove
			□Change
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\/ <b>/</b> p	<u> </u>		55 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
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<u> </u>	<u>~/ p</u>	<u> </u>	🖸 Add
			□Remove
			□Change

	rending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	<u>~/^</u>
	<b>2023</b>
	= 1
	FL 55
f an ef Note:	tive date, if other than the date of filing:
	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier on the earlier of the day after the record is filed.
Dated	4/01/.23
	The state of the s
	Signature of a member or authorized representative of a member

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