

8.10.21  
RE-SUBMITTING

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2023 AUG 10 AM 11:06  
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

ACORN MOTOR, LLC  
4500 SALISBURY RD STE 420A  
JACKSONVILLE, FL 32216US

SUBJECT: ACORN MOTOR<sup>S</sup> LLC  
REF: L21000086752

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The name of the entity listed on the fax cover sheet and the name of the entity listed in the document must be identical. Please amend the document or the fax cover sheet accordingly.

If you have any questions concerning the filing of your document, please call (850) 245-6000.

BRIANNA C BIRO  
Regulatory Specialist I

FAX Aud. #: H21000278976  
Letter Number: 321A00017090

Please review FILED Articles. Acorn Motor<sup>S</sup>, LLC is correct but the name was entered incorrectly at time of filing. It was partially corrected but the auto generated Fax Cover Sheet is still incorrect. I hand wrote in correct name.

Please re-Review, correct for future, and file this amend ment.

Thank you,

Crista Zeffke

P.O BOX 6327 - Tallahassee, Florida 32314

BB 8/11/21

**L210002789763**

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H21000278976 3)))



H210002789763ABC8

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 : VAN ROOY LAW  
Account Number : I20090000056  
Phone : (904)683-3394  
Fax Number : (904)683-6626

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

Email Address: dave@acornph.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

ACORN MOTOR\$LLC ← Acorn Motors, LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

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CLERK OF SUPERIOR COURT  
TALLAHASSEE, FLORIDA

FILED  
2021 AUG 10 AM 11:21  
CLERK OF SUPERIOR COURT

## COVER LETTER

TO: Registration Section  
Division of Corporations

(((H21000278976 3)))

SUBJECT: ACORN MOTORS, LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

David E. Gonzales

Name of Person

Acorn Motors, LLC

Firm/Company

4500 Salisbury Road, Suite 420A

Address

Jacksonville, Florida 32216

City/State and Zip Code

dave@acomph.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Crista Zaffke

904  
at ( )  
Area Code

683-3394 xt. 202

Daytime 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 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

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FILED  
2021 AUG 10 AM 11:21  
TALLAHASSEE, FL  
SOLICITOR GENERAL

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

(((H21000278976 3)))

ACORN MOTORS, LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on February 26, 2021 and assigned  
Florida document number L21000086752

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

The new name must be distinguishable and contain the words "Limited Liability 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:

(Mailing address MAY BE A POST OFFICE BOX)

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

New Registered Office Address:

*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.*

If Changing Registered Agent, Signature of New Registered Agent

(((H21000278976 3)))

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

(((H21000278976 3)))

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
VP	David A. Gonzales	4500 Salisbury Road, Suite 420A	<input checked="" type="checkbox"/> Add
		Jacksonville, Florida 32216	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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**D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)**

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E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

Effective date, if other than the date of filing: \_\_\_\_\_ (optional)  
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b) filing requirements, this date will not be listed on the

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record 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 record is filed.

Dated July

Signature of a member or authorized representative \_\_\_\_\_

Signature of a member or authorized representative of a member

David E. Gonzales

Typed or printed name of signee

((H21000278976 3)))

**Filing Fee: \$25.00**