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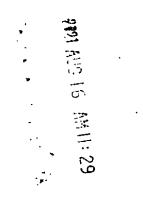
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Office Use Only



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COVER LETTER

Registration Section Division of Corporations

Tallahassee, FL 32314

TO:

ACO FEST	Fraining & Consultation, LLC		*
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
	endence concerning this matter		
	Michael Ung		
	_	Name of Person	
	ACO FES Training & Con	sultation, LLC	
		Firm/Company	
	5232 SW 158 Avenue		
		Address	
	Miramar, FL 33027		
		City/State and Zip Code	
	festrainingconsult@gmail.c		
	E-mail address: (to be used for future annual report not	ification)
For further information c	oncerning this matter, please c	all:	
Michael Ung		305 753-9883	
Name o	f Person	Area Code Daytin	ne Telephone Number
Enclosed is a check for the	he 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 tadditional copy is enclosed:
Mailing Address		Street Address:	- a+i - m
Registration S Division of C		Registration Se Division of Co	
P.O. Box 632	•	The Centre of	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Company as it now appears on our records.) imited Liability Company)	
mpany were filed on March 29, 2021	and assigned
ed liability company here:	
ed Liability Company," the designation "LLC" or the	abbreviation "L.L.C."
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office address on our records, <u>enter the na</u>	÷:
Enter Florida street address	
	Zip Code
	mpany were filed on March 29, 2021 ed liability company here: d Liability Company," the designation "L.L.C" or the

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

MGK -	Manager	
AMBR =	Authorized	Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Michael Ung	5232 SW 158 Avenue	= Add
		Miramar, FL 33027	
			Change
			□Add
			Remove
			SJAdd
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n effective date is listed, the date must be specific and cannot be prior to date c te: If the date inserted in this block does not meet the applicable sta	of filing or more than 90 days after filing.) Pursuant to 605.02 autory filing requirements, this date will not be listed
cument's effective date on the Department of State's records.	
ecord specifies a delayed effective date, but not an effective time, at I is filed.	12:01 a.m. on the earlier of; (b) The 90th day after th
is fried.	
ted August 10	
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Signature of a member or authorized re	