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(Rec	questor's Name)	
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PICK-UP	WAIT	MAIL
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(Doo	cument Number)	
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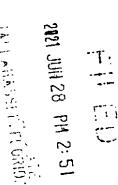
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COVER LETTER

TO: Registration Sec Division of Corp			•	4
SUBJECT: <u>EX</u> PC	Name of Limi	COVICES ited Liability Company	LLC	
The enclosed Articles of a	Amendment and fee(s) are sub-	mitted for filing.		
Please return all correspon	ndence concerning this matter	to the following.		
	Briear	MA Gelle Name of Person		
	Executiv	VC AC S	ervices	
	1680	W. AKVON	Dr.	<u> </u>
	Deltona	Fl. 327 City/State and Zip Code	25	
	<i>Ox e</i> E mail address: (१	CUTIVEAC SERVIC to be used for future annual	es @ gmail. (report notification)	COM
For further information ec	oncerning this matter, please ca	d):		
Briegnag Name of		at (at Code	215 - 2840 Davtime Telepho	
Enclosed is a check for th	e following amount:			
\$25.00 Filing Fcc	☐ \$30.00 Filing Fee & Certificate of Status	LJ \$55,00 Filing Fee Certified Copy (additional copy is en		\$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 Tallanassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Executive AC Services

Name of the Limited Liability Company as it now appears (A Florida Limited Liability Company)	on our records.)
The Articles of Organization for this Limited Liability Company were filed on	M(1y 30, 2021 and assigned
. ats amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company her	e:
The new name must be distinguishable and contain the words "Limited Liability Company," the des	ignation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	220
	1128
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	<u> </u>
	× ×
B. If amending the registered agent and/or registered office address on our recagent and/or the new registered office address here:	ords, enter the name of the new register
Name of New Registered Agent:	_
New Registered Office Address: Enter Florid	a street address

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.

City

, Florida

Zip Code

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

Title	<u>Name</u>	Address	Type of Action
MGR	Eric Cancel	1680 w. Akron. Dr.	HATE
		Deltona, Fl. 32725	□Remove
			□Change
		-	□Add
			🗀 Remove
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