## 121000279138

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

TO: Registration S Division of Co			
	RITIES LLC		
SUBJECT:	Name of Lin	nited Liability Company	<del></del>
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspondent	ondence concerning this matter	to the following:	
	LOVETTE DOBSON		
		Name of Person	
	INCFILE.COM LLC		
		Firm/Company	
	17350 STATE HWY 249	STE 220	
		Address	
	HOUSTON, TX 77064		
		City/State and Zip Code	
	EFILE1234@INCFILE.CO		<del></del>
		to be used for future annual report noti	fication)
For further information of	concerning this matter, please c	ali:	
LOVETTE DOBSON		888 462-3453 at ()	
Name o	of Person		e Telephone Number
Enclosed is a check for t	he following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address Registration S Division of C P.O. Box 632 Tallahassee, S	Section Corporations 27	Street Address: Registration Sec Division of Cor The Centre of T 2415 N. Monroe Tallahassee, FL	porations allahassee e Street, Suite 810

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

AC SECURITIES LLC

AC SEC	DRITTES ELC	
( <u>Name of the Limited Liability Co</u> (A Florida Limi	mpany as it now appears or ted Liability Company)	our records.)
The Articles of Organization for this Limited Liability Comparing document number <u>L21000279138</u> .	any were filed on 06/16/	2021 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited l	iability company here:	
The new name must be distinguishable and contain the words "Limited L	iability Company," the desig	nation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS	2	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
3. If amending the registered agent and/or registered office and/or the new registered office address here:	ce address on our reco	rds, <u>enter the name of the new regist</u>
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida s	treet address:
	City	, Florida Zip Code
New Registered Agent's Signature, if changing Registered Age	ent:	- ·

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 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>	<u>Address</u>	Type of Action
AMBR	David Ada-Winter	8749 The Esplanade, Suite 29	■Add
		Orlando, FL 32836	
		W-W-	□ Change
AMBR	Shu Cui	8749 The Esplanade Apt 29	
		Orlando, FL 32836	= Remove
			□Change
			□ Remove
			□Change
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	i <b>an the date of fili:</b> date must be specific at	ng:	late of filing or more tha	(optional) n 90 days after filing.) I	Pursuant to 605.0207
ffective date, if other than effective date is listed, the	this block does not	meet the applicable	e statutory filing requ	irements, this date w	ill not be listed as
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an effective date is listed, the ote: If the date inserted is		State 3 records.			
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