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(Requestor's Name)	
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(Business Entity Name)	
(Document Number)	
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COVER LETTER

TO: Registration Sect Division of Corpo		
SUBJECT:	ACITZ ILC	
	Name of Limited Liability Company	
The enclosed Articles of Ar	nendment and fee(s) are submitted for filing.	
Please return all correspond	ence concerning this matter to the following:	
	MATO Name of Person	
	ACTIZ LLC Firm/Company	
	6441 S. CHICKASAW	TRL PMB 134
	ORLANDO FL 32829 City/State and Zip Code	j
	lisale 35@ Gmail. Con E-mail address: (10 be used for future annual report n	Modification) 3
For further information con	cerning this matter, please call:	SEP .
An D Name of P	erson at (239) 492 Area Code Dayt	ime Telephone Number
Enclosed is a check for the	following amount:	전문 32
\$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 Se	Street Address: Registration	

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ACUTZ LL	- C		
(<u>Name of the Limited Liability Company as</u> (A Florida Limited Liabilit	t now appears on our records.) y Company)		
The Articles of Organization for this Limited Liability Company were Florida document number <u>L21000 280 846</u>	filed on 6/16/2021	and assi	gned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liability of	ompany here:		
The new name must be distinguishable and contain the words "Limited Liability Con	mpany," the designation "LLC" or the	abbreviation "L.I	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 addre agent and/or the new registered office address here:	ss on our records, enter the na	me of the new	registere
Name of New Registered Agent:		i F	1 7es.
New Registered Office Address:		-2	1.77
	Enter Florida street address , Florida	PR 6:	J
(ity	Zip Cods	

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 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	Name	Address	Type of Action
MGR	ANDY L. MATOS	6441 S. CHICKASAW TR	PMB 134
		ORLANDO FL 32829	Remove
			SChange
			□Add
			□Remove
			□Change
			Add SECTOREMOVE
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Effective date, if other if an effective date is listed, Note: If the date inserte document's effective date	the date must be sp d in this block do	ecific and car ses not mee	anot be prior to t the applicat		or more than 90 c		,) Pursuant to		
e record specifies a delay rd is filed.	·			ie, at 12:01 a.	m. on the earli	er of: (b) T	he 90th day :	after the	
Dated July	20	, , _	2021						
	Signa	ture of a mer	noer or author	ized representa	tive of a membe	г		-	
	5****	0	10-j ped or printed		,				