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(Red	questor's Name)	
(Add	dress)	
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2021 AUG 27 AM IO: 15

COVER LETTER

Division of Cor	porations	•	
SUBJECT:	ACMAN IN	VESTMENTS LLC	
SUBJECT,	Name of Lin	ited Liability Company	
The enclosed Articles of	Amendment and fce(s) are sub	emitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
		MITCHELL KATZ CPA	
		Name of Person	
	FREUND K	ATZ GOLDSTON YOUNG CO PA	
		Firm/Company	
	210 N	UNIVERSITY DRIVE STE #302	
		Address	
	CORA	AL SPRINGS FLORIDA 33071	
	· · · · · · · · · · · · · · · · · · ·	City/State and Zip Code	
		KATZ@TAX-DOCTOR.NET	
		to be used for future annual report notif	ication)
For further information co	oncerning this matter, please c	all:	
MITCHELL K	ATZ CPA		8666
Name o	f Person	at () Area Code Daytime	Telephone Number
Enclosed is a check for th	ne following amount:		
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy (additional copy is enclosed)

TO:

Registration Section

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



ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION OF

FILED

2021 AUG 27 AM 10: 15

A COLCARI	INDUCCTATION OF LACT	
AUMAN	INVESTMENTS LLC	

SECRETARY OF STATE TALLAHASSEE, FLAF (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 JULY 8TH, 2021 _ and assigned L21000312534 Florida document number 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 Agent's Signature, if changing Registered Agent:

New Registered Office Address:

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

If Changing Registered Agent, Signature of New Registered Agent

Enter Florida street address

, Florida



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>	Address	Type of Action
MGR	CHRISTINE REED	2333 BRICKELL AVE PH 115 MIAMI FL 33129	□Add
			=Remove
			Change
MGR	CHRISTIANNE REED	2333 BRICKELL AVE PH 115 MIAMI FL 33129	SAdd
		□Remove	
		Change	
			□Add
		Remove	
		Change	
·			□Add
			□Remove
		DChange	
			DAdd
		Remove	
		□Change	
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			□Remove
			☐ Change



If ame	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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Note:	ve date, if other than the date of filing:
he recor ord is fil	d 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 ed.
Dated	August 17, 7071.
	Signature of a member or authorized representative of a member
	Alejando Lega Typed or printed name of signee