## 121000355557

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Account#: 120000000088

Date:	09/13/2021	
	Merritt Walker	<del></del>
Reference	#: <b>1474069</b>	<del></del>
	me: <b>B</b>	ACOR US 27 LLC
☐ Art	icles of Incorporation/Autho	rization to Transact Business
<b>√</b> Am	nendment	
Ch	ange of Agent	
☐ Re	instatement	
Со	nversion	
☐ Me	rger	
☐ Dis	solution/Withdrawal	
☐ Fic	titious Name	
<b>✓</b> Oth	nerCERTIFII	ED COPY OF THE FILING EVIDENCE
Authorize	d Amount: <b>\$55</b>	
Signature	:	)

F: 800.944.6607

F: +852.2682.9790



115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 P: 866.625.0838 F: 866.625.0839 COGENCYGLOBAL.COM

Account#: 120000000088

Date:	09/13/2021	
	Merritt Walker	<del></del>
	1474069	
	ВА	COR US 27 LLC
_	s of Incorporation/Authoriza	
✓ Amen	dment	
☐ Chang	ge of Agent	
Reinst	atement	
☐ Conve	ersion	
☐ Merge	r	
☐ Dissol	ution/Withdrawal	
☐ Fictitio	ous Name	
✓ Other	CERTIFIED	COPY OF THE FILING EVIDENCE
Authorized A	mount: <b>\$55</b>	
Signature:	1111	-

F: 800.944.6607

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

S 27 LLC	
upany as it now appears on our records.) ed Liability Company)	
any were filed on August 6, 2021	and assigned
iability company here:	
ability Company," the designation "LLC" o	or the abbreviation "L.L.C."
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	min & 2
	54
ce address on our records, <u>enter th</u>	e name of the new registere
Enter Florida street address	
, Flori	ida
City	Zip Code
	iability Company)  iny were filed on August 6, 2021  iability company here:  ability Company," the designation "LLC" of the address on our records, enter the address of th

## 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

<u>Title</u>	<u>Name</u>	Address	Type of Action
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If amending any oth informat	ion, enter change(s) here: (Atta	ch additional sheets, if necess	sary.)	
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Effective date, if other than the fan effective date is listed, the date must Note: If the date inserted in this blooking in the Dedocument's effective date on the Dedocument.	be specific and cannot be prior to date of ick does not meet the applicable state	(option) filling or more than 90 days after fil utory filling requirements, this d	al) ling.) Pursuant to 6 late will not be li	05.0207 ( sted as t
record specifies a delayed effective d is filed.	date, but not an effective time, at 11	2:01 a.m. on the earlier of: (b)	The 90th day af	ier the
Dated September 1st	. 2021			
	/s/ Claudio P. Cordero			
	Signature of a member or authorized rep	resentative of a member		
	Claudio P. Corder	o Tabach		

Filing Fee: \$25.00