## L21000407591

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## **COVER LETTER**

TO: Registration S Division of Co					
ACEMO 1	LC				
SUBJECT:					
	Name of Lim	ited Liability Company			
The enclosed Articles o	f Amendment and fee(s) are sub	omitted for filing.			
Please return all corresp	ondence concerning this matter	to the following:			
	OKUNOLA Y. SANNI FA	RINDE			
	<del></del>	Name of Person		-	
	ACEMO LLC				
	<del></del>	Firm/Company		1	
	1002 TURTLE CREEK DI	R		, ω.	
		Address	· · · · · · · · · · · · · · · · · · ·		
	OVIEDO, FL 32765			1111:34 1111:34	
	OLOLADEOKUNOLA1@	City/State and Zip Code HOTMAIL.COM			
	E-mail address: (	to be used for future annual report notif	lication)		
For further information	concerning this matter, please c	all:			
OKUNOLA Y, SANNI	FARINDE	407 6697878			
Name of Person		at () Area Code Daytime	e Telephone Numb	er	
Enclosed is a check for	the following amount:				
□ \$25.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certific Certifie	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)	
Mailing Address: Registration Section Division of Corporations P.O. Box 6327		Street Address: Registration Sec Division of Cor The Centre of T	porations fallahassee		
Tallahassee,	TL 32514	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303			

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ACEMO LLC	d Linkille Company of the company of	our records )	
( <u>Name of the Limite</u>	d Liability Company as it now appears on A Florida Limited Liability Company)	our records.)	
The Articles of Organization for this Limited Lia Florida document number	ibility Company were filed on SEPTER	MBER 15, 2021	_ and assigned
This amendment is submitted to amend the following	wing:		
A. If amending name, enter the new name of	the limited liability company here:		
The new name must be distinguishable and contain the we	ad all instructions of the design of	orion SI f (SI on the orbital)	::::::::::::::::::::::::::::::::::::::
Enter new principal offices address, if applica		ation 1.1.C, of the appre	viagon 1.1c.
Principal office address MUST BE A STREET	(ADDRESS)	:	1,
Enter new mailing address, if applicable: <u>Mailing address MAY BE A POST OFFICE B</u>	30X)	- - - - - - - - - - - - - - - - - - -	<u> </u>
B. If amending the registered agent and/or re agent and/or the new registered office address		ds, <u>enter the name o</u>	f the new reg
Name of New Registered Agent:			
New Registered Office Address:	Enter Florida si	treet address	
		T31 1 1	
	City	Florida	Zip Code

## 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
			□ Add
			□Remove
			□ Change
			□Add
			Remove
			, □Change
			Ω Ω Hemove
			□Change
			Remove
			□ Change
			🗀 Add
			□Remove
			□Change
			□Add
			□Remove
			∏Change

Typed or printed name of signee