L22000101417

_____
(Requestor's Name)

_____
(Address)

_____
(Address)

_____
(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL
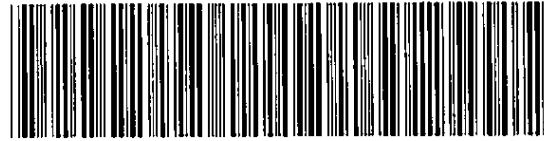
_____
(Business Entity Name)

_____
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Q. SILAS

MAR 18 2022

Office Use Only

03/18/22--01007--001   **25.00

FILED
2022 MAR 18 AM 9:46
SECRETARY OF STATE
TALLAHASSEE, FL

RECEIVED
2022 MAR 18 AM 9:18
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
              Division of Corporations

              ACEDEL LLC
SUBJECT: _____
                           Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

              FRANCISCO ACEVEDO
              _____
                                    Name of Person

              ACEDEL LLC
              _____
                                    Firm/Company

              9380 103RD STREET
              _____
                                    Address

              JACKSONVILLE FL 32210
              _____
                          City/State and Zip Code

              Patty1287@icloud.com
              _____
                    E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

PATRICIA S. RIEGA   904   554-2816
_____ at (_____) _____
            Name of Person   Area Code   Daytime Telephone Number

Enclosed is a check for the following amount:

☑ $25.00 Filing Fee   ☐ $30.00 Filing Fee &   ■ $55.00 Filing Fee &   ☐ $60.00 Filing Fee,
                            Certificate of Status   Certified Copy   Certificate of Status &
                                                        (additional copy is enclosed)   Certified Copy
                                                                                    (additional copy is enclosed)

          Mailing Address: **Street Address:**
          Registration Section   Registration Section
          Division of Corporations   Division of Corporations
          P.O. Box 6327   The Centre of Tallahassee
          Tallahassee, FL 32314   2415 N. Monroe Street, Suite 810
                                                  Tallahassee, FL 32303

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

FILED

2022 MAR 18 AM 9: 46

ACEDEL LLC
_____

(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 03/01/2022 _____ and assigned

Florida document number L22000104417 _____.

This amendment is submitted to amend the following:

A. If amending name, <u>enter the new name of the limited liability company here</u>:

_____

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, <u>enter the name of the new registered agent and/or the new registered office address here</u>:

Name of New Registered Agent: _____

New Registered Office Address: _____ _____
                                          Enter Florida street address

_____ _____, Florida _____ _____
                    City   *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 Changing Registered Agent, <u>Signature of New Registered Agent</u>

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person being added or removed from our records</u>:

MGR = Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	FRANCISCO ACEVEDO	9380 103RD STREET	☐Add
		JACKSONVILLE FL 32210	IRemove
			●Change
MGR	PATRICIA SUSANA RIEGA	9380 103RD STREET LOT 7	■Add
		JACKSONVILLE FL 32210	☐Remove
			☐Change
			☐Add
			☐Remove
			☐Change
			☐Add
			☐Remove
			☐Change
			☐Add
			☐Remove
			☐Change
			☐Add
			☐Remove
			☐Change

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

E. Effective date, if other than the date of filing: _____ **(optional)**

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record 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 record is filed.

Dated   3/18/2022

Patricia Riega
Signature of a member or authorized representative of a member

PATRICIA SUSANA RIEGA   Patricia Riega
Typed or printed name of signee

Filing Fee: $25.00