## Laa000166116

(Re	equestor's Name)	
(Ac	idress)	
(Ac	ddress)	*. <u>*</u>
(Ci	ty/State/Zip/Phone	e #)
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(786)838-5652

19100 NW 50th Court

Miami, FL 33055

## **COVER LETTER**

TO: Registration Security Division of Corp			
SUBJECT:	HWAC A/C L	LC ited Liability Company	
The enclosed Articles of a	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspon	ndence concerning this matter	to the following:	
	Brando	Name of Person	
		AC A/C, LLC	
	19100 NW 5	Oth Ct Address	······································
		City/State and Zip Code	
	E-mail address: (1	nyellmine annual report lotte	G. J. Com fication)
For further information co	oncerning this matter, please ca	aH:	
Bronden Ye	e Cnove	at ( <u>786</u> ) <u>838-5</u> Area Code Daytim	5652e Telephone Number
Enclosed is a check for th	e following amount:		
\$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 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 TO ARTICLES OF ORGANIZATION OF

ARTICLES OF	ORGANIZATIO	<b>Y</b>
	OF	. ~// ~
(Name of the Limited Liability Comp (A Florida Limited	Dany as it now appears on o I Liability Company)	ur records.)  SECONDO FOR 3: 1  AND SECONDO FOR 3: 1  AND SECONDO FOR SEASON SE
The Articles of Organization for this Limited Liability Compan	v were filed on 04	106 1202 and assisted ATA
Florida document number <u>L Z Z 000 166116</u> .	,	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
The new name must be distinguishable and contain the words "Limited Liab	pility Company," the designa-	ion "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	<del></del>	
(Principal office address MUST BE A STREET ADDRESS)		· · · · · · · · · · · · · · · · · · ·
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)	<del></del>	
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our record	s, enter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	p pi	
	Enter Florida str	
<del></del>	Cin	Florida
	•	

## 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, Signature of New Registered Agent

' 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
<u>VP</u>	Brandon Yee Chance	1960 NW 50th C+	XAdd
		Marni, FL 33055	□ Remove
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ffective date, if other than the date of filing:		(optional)
an effective date is listed, the date must be specific and car <b>Note:</b> If the date inserted in this block does not mee	not be prior to date of filing or more that the applicable statutory filing requ	n 90 days after filing.) Pursuant to 605,0207 ( direments, this date will not be listed as t
ocument's effective date on the Department of State	s records.	
record specifies a delayed effective date, but not an I is filed.	ffective time, at 12:01 a.m. on the	earlier of: (b) The 90th day after the
Dated 4/16/25.		
Malle	7/)	
White Co	per or authorized representative of a m	
•	•	emect
BOILBERT CHA	NCE ed or printed name of signee	
Ty	ed or printed name of signee	· · · · · ·

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