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Office Use Only



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SECTION IN PHIZ: 37

COVER LETTER

	gistration Se vision of Cor					
CHRICT	Accam Bui	lding LLC				
SUBJECT:		Name of Lim	ited Liability Company			
The enclose	d Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please retur	n all correspo	ndence concerning this matter	to the following:			
		Freddy Alequin				
		•	Name of Person			
		National Accounting & M	anagement LLC			
			Firm/Company			
		1 Purlieu Place Suite 220				
			Address	.		
		Winter Park, FL 32792				
			City/State and Zip Code	 		
		natlacetg@yahoo.com				
		H-mail address: (to be used for future annual report not	ification)		
For further:	information c	oncerning this matter, please c	all:			
Freddy Ale	quin		407 677-5157 at ()			
	Name o	f Person	Area Code Daytin	ne 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)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		
	niling Addres Egistration S		<u>Street Address:</u> Registration Sc	ection		
		orporations	Division of Co	•		
P.O. Box 6327 Tallahassee, FL 32314			The Centre of Tallahassee 2415 N. Monroe Street, Suite 810			

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

Accam Building LLC

(Name of the Limited Liability Compa (A Florida Limited)	iny as it now appears on our Liability Company)	TALL AHASSEE, FL
The Articles of Organization for this Limited Liability Company Florida document number <u>L.22000193312</u>	were filed on 04/22/2022	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The ACAM Building LLC		
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	988 Westwood Square S	uite 1002
(Principal office address MUST BE A STREET ADDRESS)	Oviedo, Fl. 32765	
Enter new mailing address, if applicable:	988 Westwood Square S	uite 1002
(Mailing address MAY BE A POST OFFICE BOX)	Oviedo, FL 32765	
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here: Name of New Registered Agent:	address on our records,	enter the name of the new register
	.	
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 agre provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duti provided for in Chapter	es, and I am familiar with and 605, F.S. Or, if this document is

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>	Name	Address	Type of Action
Mgr	Alejandro Gonzalez	988 Westwood Square Suite 1002	≣Add
		Oviedo, FL. 32765	□Remove
			□Add
		<u> </u>	Remove
			□Change
			□Add
			Remove
			□ Change
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			□Add
			□Remove
			□ Chango

fective date, if other than the date of filing: (optional) In 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 605.020 die; If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a seument's effective date on the Department of State's records. Spentage of the date on the date of filing: (aptional) (b) The 90th day after the is filed. June 10 2022 Spentage of a member of authorized representative of a member								
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