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SECRETARY OF STATE

COVER LETTER

Division of Co			
AC2M2P5 SUBJECT:	5 LLC		
<u></u>	Name of Limi	ited Liability Company	
The enclosed Articles of	f Amendment and fee(s) are sub-	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Christopher Torchia, Esc	4.	
		Name of Person	
	Torchia Law Firm PA		
		Firm/Company	
	522 S Hunt Club Blvd PN	MB 326	
		Address	
	Apopka, FL 32703-4960		
		City/State and Zip Code	
	E-mail address: (to be used for future annual report notifi	cation)
For further information (concerning this matter, please ca	all:	
Christopher Torchia		407 8691004	
Name	of Person	at ()	Telephone Number
Enclosed is a check for t	the 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/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

AC2M2P5 LLC		
(Name of the Limited I	Jiability Company as it now appears on our records.) Florida Limited Liability Company)	
The Articles of Organization for this Limited Liabi	lity Company were filed on 04/29/2022	and assigned
Florida document number L22000204740		
This amendment is submitted to amend the followi	ng:	
A. If amending name, enter the new name of th	e limited liability company here:	
The new name must be distinguishable and contain the word	s "Limited Liability Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicabl	e:	
Principal office address MUST BE A STREET A	(DDRESS)	
Enter new mailing address, if applicable: (<u>Mailing address MAY BE A POST OFFICE BO</u>		2D22 SEP -S SECRETAR TALLAH
3. If amending the registered agent and/or registered agent and/or the new registered office	registered office address on our records, eaddress here:	nter the name of the fig
Name of New Registered Agent:		31 FL
New Registered Office Address:		
	Enter Florida street address	
-	, Florid	
	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, 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>	Name	Address	Type of Action
AMBR	Pastuzak, Marc	Ulica Spacerowa 5C	Add
		05-816 Michalowice-Osiedle	Remove
		Poland	Change
AMBR	Pastuzak, Anna	Ulica Spacerowa 5C	_ Add
		05-816 Michalowice-Osiedle	☐ Remove
		Poland	□ Change
			Add
			Remove
			Change
			Add
			□ Remove
			Add
		_□ Remove	
			Change
			Remove

				
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ective date, if other than the effective date is listed, the date mus (e: If the date inserted in this blument's effective date on the De	t be specific and cannot be prior to cock does not meet the applicable	late of filing or more than	(optional) 90 days after filing.) Pursua ements, this date will no	ant to 605.02 of be listed
record specifies a delayed he 90th day after the reco	effective date, but not a ord is filed.	n effective time, a	t 12:01 a.m. on th	e earlier
ed				

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Filing Fee: \$25.00