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SECRETARY OF STATE

2022 NOV 28 AM 9: 41

## **COVER LETTER**

Registration Section Division of Corporations

Tallahassee, FL 32314

TO:

subject: <u>RCQ1</u>	Marketin Name of Limi	9 MVESTIVE ited Liability Company	ents
The enclosed Articles of Am		-	
Please return all corresponde	nce concerning this matter	to the following:	
	Adrian	Pauertos Name of Person	
		Firm/Company	· · · ·
	14914 SU	N 52 AVC Address	
	Milangi Mrianizave E-mail address: (i	FL 33027- City/State and Zip Code 11-105 @ 91001 to be used for future annual report no	1.(om
For further information conce	erning this matter, please or	all:	
Adrian Mane of Per	Piltos	at ( <u>305)</u> <u>3</u> 23	me Telephone Number
Enclosed is a check for the fo	ollowing amount: □ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy
Mailing Address: Registration Sectorial Division of Corp. P.O. Box 6327		Street Address: Registration S Division of C The Centre of	orporations

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ACOI Marketing Inv (Name of the Limited Liability Comp (A Florida Limited	estro () Ts pany as it now appears on our records.) I Liability Company)
The Articles of Organization for this Limited Liability Compan Florida document number <u>L22CO32321</u> .	y were filed on $11/23/2022$ and assigned
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	oility Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	9up F0 LLC 8566
(Principal office address MUST BE A STREET ADDRESS)	Suite B Miani FL 33155
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)	2004 SW (07- AVER 10) Swith B HA 28 Migmi PZ 33555 A
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the name of the new register
Name of New Registered Agent: ACTOR  New Registered Office Address: ACTOR  Manager Company of the Property of	SW 67- AVE SITE B  Enter Florida street address  4Mi Florida 33155
	City Zip Coxle

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 add or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Francis Desula	11235 NW 43 place	□Add
		11235 NW 43 place Coral springs PL 33069	S Premove
			□Change
			□Add
			Remove
			□Change
			🗆 Add
			Remove
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Note:	te date, if other than the date of filing:
record Lis file	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 d.
ated _	11/23/2022.  Signature of a member or authorized representative of a member
	e 3
	Signature of a member or authorized representative of a member

Filing Fee: \$25.00