10/17/22, 8.54 AM

To:

Division of Corporations

Florida Department of State Divisional Corporations

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : LEGALZOOM.COM INC. Account Number : I20010000062 Phone : (323)962-8600 Fax Number : (323)389-0502

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:___

 $\overline{}$ 2022 OF

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN ACS MANAGEMENT & CONSULTING LLC

| Certificate of Status | 0 |
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| Certified Copy | 1 |
| Page Count | 05 |
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00118 2022

Registration Section

TO:

COVER LETTER

| SUBJECT: | Name of Limited Liability Company | | | | | |
|----------------------------|---|--|---|--|--|--|
| The enclosed Articles of | Amendment and fcc(s) are sub- | nitted for filing. | | | | |
| Please return all correspo | ondence concerning this matter t | to the following: | | | | |
| | * Cheyenne Moseley | | | | | |
| | | Name of Person | · | | | |
| | Legalzoom.com, Inc. | | | | | |
| | | Pirm/Company | | | | |
| | 101 N Brand Blvd 11th Fl | | | | | |
| | Address | | | | | |
| | Glendale, CA 91203 | | | | | |
| | | City/State and Zip Code | | | | |
| | asingleton887@gmail.com | | | | | |
| | E-mail address: (I | o be used for future annual report r | notification) | | | |
| For further information c | concerning this matter, please ca | II: | | | | |
| Cheyenne Moscley | | 800 773-0888 | 3 | | | |
| Name of Person | | at () Area Code Day | time Telephone Number | | | |
| Enclosed is a check for t | he following amount: | | | | | |
| □ \$25.00 Filing Fee | S30.00 Filing Fee & Certificate of Status | S55.00 Filing Fee & Certified Copy (additional copy is enclosed) | ☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed | | | |
| MAIL | ING ADDRESS: | STREET/COL | URIER ADDRESS: | | | |

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Page, 4 of 6

ACS MANAGEMENT & CONSULTING LLC

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LegalZoom.com, Inc.

| (Name of the Limited Liability Compa (A Florida Limited I | ny as it now appears on our records.) .iability Company) | | |
|--|---|-----------------------|--|
| The Articles of Organization for this Limited Liability Company lorida document number <u>L22000301932</u> . | were filed on <u>07/06/2022</u> | and assigned | |
| his amendment is submitted to amend the following: | | | |
| a. If amending name, enter the new name of the limited liab | ility company here: | | |
| he new name must be distinguishable and contain the words "Limited Liabil | ity Company," the designation "LLC" or the | abbreviation "L.L.C." | |
| Enter new principal offices address, if applicable: | 121 South Orange Ave STE 1500 | | |
| Principal office address MUST BE A STREET ADDRESS) | Orłando, FL 32801 | | |
| Inter new mailing address, if applicable: | 121 South Orange Ave STE 1500 | | |
| Mailing address MAY BE A POST OFFICE BOX) | 121 South Orange Ave STE 1500 | | |
| 3. If amending the registered agent and/or registered of egistered agent and/or the new registered office address here. Name of New Registered Agent: | | _ | |
| New Registered Office Address: | | <u> </u> | |
| | Enter Florida street address , Florida | FN (5) | |
| | City | Zip Code | |
| New Registered Agent's Signature, if changing Registered Agent: | | <i>₹</i> ; | |

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:

From: Richard York

MGR = Manager AMBR = Authorized Member

Τo.

| <u>Title</u> | <u>Name</u> | Address | Type of Action |
|--------------|---------------------|-------------------------------|----------------|
| AMBR | SINGLETON, ANGELA C | 121 South Orange Ave STE 1500 | |
| *** | | Orlando, FL 32801 | |
| | | | □ Remove |
| | | | ☐ Change |
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| | | | |

To:

Dated October 4, 2000

Angela Singleton

Typed or printed name of signee

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Filing Fee: \$25.00