10/4/23, 11:49 AM

\*SECOND ATRIMPT \*\* Division of Corporations londa Department of State Division of Como zition

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Division of Corporations

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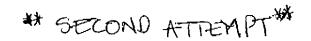
Account Name : HISPANUSA INC Account Number : 120070000099 : (954)478-2706 Phone Fax Number : (954)934-0334

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## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN ACP D' LUX LLC

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OCT 2 6 2023

## COVER LETTER

TO:	Registration Section Division of Corporations			
-≰: Subje	ACP D' LUX;LLC			
Name of Limited Liability Company				
The enc	osed Articles of Amendment and fee(s) are submitted for filing.			
Please r	turn all correspondence concerning this matter to the following:			
	ANTONIO CORREAL			
	Name of Person			
	Firm/Company			
	8050 N. UNIVERSITY DR. SUITE 206			
	Address			
	TAMARAC, FL 33321			
	City/State and Zip Code			
	camilo@acphomearmour.com			
	E-mail address: (to be used for future annual report notification)			
For furth	er information concerning this matter, please call:			
ANTON	IO CORREAL 954 707-7710 at (			
	Name of Person Area Code Daytime Telephone Number			

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

ACP D' LUX LLC		
(Name of the Limited Liability (A Florida L	Company as it now appears on our records.) inited Liability Company)	
The Articles of Organization for this Limited Liability Cor Florida document number L23000147764	npany were filed on 03/23/2023	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limite	d liability company here:	
HOME ARMOUR LLC		
The new name must be distinguishable and contain the words "Limite	d Liability Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRE	<u> </u>	<del></del>
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered of	office address on our records, enter the na	ne of the new registere
agent and/or the new registered office address here:	. <del>-</del>	_
Name of New Registered Agent:	نوت ۲	215.
New Registered Office Address:		
	Enter Florida street address	ζυ υ,
<u> </u>	, Florida _	Zip Code
	·	Zip Code
New Registered Agent's Signature, if changing Registered		
I hereby accept the appointment as registered agent are provisions of all statutes relative to the proper and concept the obligations of my position as registered age being filed to merely reflect a change in the registered company has been notified in writing of this change.	nplete performance of my duties, and I am int as provided for in Chapter 605, F.S. Oi	familiar with and r, if this document is imited liability

	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	<u> </u>
Note:	(optional) Tective date, if other than the date of filing:  Tective 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 605.0207 (3)  If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the ment's effective date on the Department of State's records.
f the reco	rd 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 iled.
Dated	SEPTEMBER 25 2023
	x Ati al
	Signature of a member or authorized representative of a member
	ANTONIO CORREAL

Filing Fee: \$25.00