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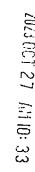
| (Requestor's Name) (Address) |
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| PICK-UP WAIT MAIL |
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| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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Office Use Only



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COVER LETTER

| | Registration Se Division of Cor | | | |
|---------------------------|------------------------------------|---|---|---------------------|
| CHD IEC | | FESSIONAL SERVICESOF | FLORIDA L.L.C | |
| SUBJEC | 1: | Name of Lim | ited Liability Company | |
| The enclo | sed Articles of | Amendment and fee(s) are sub | mitted for filing. | |
| Please ret | urn all correspo | ondence concerning this matter | to the following: | |
| | | ALBERTO GONZALEZ | | |
| | | | Name of Person | |
| | | A & C PROFESSIONAL | SERVICESOF FLORIDA L.L.C | |
| | | | Firm Company | |
| | | 1130 SW 44TH WAY | | |
| | | | Address | - |
| DEERFIELD BEACH, FL 33442 | | | | |
| | | | City/State and Zip Code | |
| | | acprofessionalservices09@ | = | |
| | | E-mail address: (| to be used for future annual report noti | ification) |
| For further | er information c | oncerning this matter, please c | all; | |
| ALBER | TO GONZALE | Z. | 954 621-7042 | |
| | Name o | f Person | Area Code Daytim | ne Telephone Number |
| Enclosed | is a check for th | ne following amount: | | |
| ☐ \$25.0 | 00 Filing Fee | ☐ \$30.00 Filing Fee & Certificate of Status | ☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | |
| | Mailing Addres Registration 5 | | <u>Street Address:</u> Registration Se | ection |
| Ĭ | Division of C | Corporations | Division of Cor | rporations |
| | P.O. Box 632 | | The Centre of T | |
| | Tallahassee, I | ru 32314 | ∠+10 iN. !Monro | e Street, Suite 810 |

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2023 COT 27 ATT 10: 33

A & C PROFESSIONAL SERVICESOF FLORIDA L.L.C

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

| Florida document number L23000482389. | ere filed on 1002002 | and assigned |
|---|--|---------------------------------------|
| r torida document flumoer | | |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limited liabilit | y company here: | |
| A & E PROFESSIONAL SERVICES OF FLORIDA L.L.C | | |
| The new name must be distinguishable and contain the words "Limited 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 ADDRESS) | | <u> </u> |
| _ | | _ |
| | | |
| Enter new mailing address, if applicable: | | |
| (Mailing address MAY BE A POST OFFICE BOX) | <u> </u> | · · · · · · · · · · · · · · · · · · · |
| - | | |
| B. If amending the registered agent and/or registered office address here: Name of New Registered Agent: | lress on our records, <u>enter the</u> | ename of the new registered |
| | | |
| | | |
| New Registered Office Address: | Enter Florida street address | |
| | | 1. |
| | | daZip Code |
| | | daZip Code |

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 | Membe |

| <u>Title</u> | <u>Name</u> | Address | Type of Action |
|---------------|-------------|-------------|----------------|
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| ective date, if other than the date of n effective date is listed, the date must be spec | filing: | | (optional) | . p |
| te: If the date inserted in this block does | s not meet the applies | | | |
| cument's effective date on the Departme | nt of State's records. | | | |
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| ecord specifies a delayed effective date, bis filed. | out not an effective ti | ne. at 12:01 a.m. on il | he earlier of: (b) Th | e 90th day after the |
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| October 24 | 2023 | | | |
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Filing Fee: \$25.00