L24000018164

Florida Department of State
Division of Corporations
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(((H24000249126 3)))

GIVE ORIGINAL SUBMISSION DATE

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To:
Division of Corporations
Fax Number : (850)617-6383

From:
Account Name : LARSON ACCOUNTING AND CONSULTING SERVICES LLC
Account Number : I20160000867
Phone : (407)370-3686
Fax Number : (407)370-3120

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

Email Address: ALAN@LARSONACC.COM

FILED
2024 AUG 19 PM 12:02

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

**AC2S LLC**

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| Certificate of Status | 0 |
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T. LEMIEUX
AUG 20 2024

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# ARTICLES OF AMENDMENT
# TO
# ARTICLES OF ORGANIZATION
# OF

ACCSTLLC

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

The Articles of Organization for this Limited Liability Company were Filed on 02/13/2024 and assigned Florida document number L24000078164

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

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)*

9076 OCEAN TIDE WAY
KISSIMMEE, FL 34747

Enter new mailing address, if applicable:
*(Mailing address MAY BE A POST OFFICE BOX)*

7901 KINGSPOINTE PKWY
STE 17
ORLANDO, FL 32819

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: LARSON ACCOUNTING GROUP

New Registered Office Address: 7901 KINGSPOINTE PKWY STE 17
*Enter Florida street address*

ORLANDO, Florida 32819
*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

| Title | Name | Address | Type of Action |
|---|---|---|---|
| _____ | _____ | _____ | ☐Add |
| | | _____ | ☐Remove |
| | | _____ | ☐Change |
| _____ | _____ | _____ | ☐Add |
| | | _____ | ☐Remove |
| | | _____ | ☐Change |
| _____ | _____ | _____ | ☐Add |
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| _____ | _____ | _____ | ☐Add |
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| | | _____ | ☐Change |
| _____ | _____ | _____ | ☐Add |
| | | _____ | ☐Remove |
| | | _____ | ☐Change |

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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

E. **Effective date, if other than the date of filing:** _____ **(optional)**

(If an effective date is listed, the date must be specific and cannot be prior to the date of filing. It cannot be more than 90 days after filing.) Pursuant to 605.0207, Florida

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 5:01 a.m. on the earlier of: (a) The 90th day after the record is filed

Dated July 23 2024

Signature of an officer or authorized representative of the entity

ADRIANO SCHMIDT

Typed or printed name of signer

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**Filing Fee: $25.00**