

To:

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2024-09-25 10:27:34 UTC+14

18506176383

From: ZenBusiness User

9/24/24, 4:25 PM

Division of Corporations

Florida Department of State

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L24000188229

Division of Corporations
Electronic Filing Cover Sheet

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((H24000325605 3))



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To:

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

From:

Account Name : ZENBUSINESS INC.
Account Number : I20230000190
Phone : (844)449-3624
Fax Number : (512)597-0678

SECRETARY OF STATE
TALLAHASSEE, FL

2024 SEP 24 PM 4:30

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

Email Address: _____

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
AC SQUARED CONSULTING LLC**

Certificate of Status	0
Certified Copy	0
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M. SOLOMON
SEP 30 2024

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Corporate Filing Menu

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To:

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2024-09-25 10:27:34 UTC+14

18506176383

From: ZenBusiness User

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

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AC SQUARED CONSULTING LLC

(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 04/22/2024 and assigned
Florida document number L24000185229.

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**)

5240 NW 33rd Place

Ocala, FL 34482

Enter new mailing address, if applicable:

(Mailing address **MAY BE A POST OFFICE BOX**)

5240 NW 33rd Place

Ocala, FL 34482

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:

New Registered Office Address:

Enter Florida street address

Florida

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

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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
AMBR	Anthony Sean Carroll Jaap	5240 NW 33rd Place	<input type="checkbox"/> Add
		Ocala, FL 34482	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	Amanda Carroll	5240 NW 33rd Place	<input type="checkbox"/> Add
		Ocala, FL 34482	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change

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