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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: For Acu WSA Really L./ Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Camps Hasan Name of Person
Florida USA-Realty LLC
2132 Inveness Ct.
Oviedo FL 32765 City/State and Zip Code
City/State and Zip Code Camehol Soln & Notmail. Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person at (40) 493-143 8 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
S25.00 Filing Fee ☐ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) ☐ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed)
Mailing Address:Street Address:Registration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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Torida USH B	Ca Hy LLC
(<u>Name of the Limited Liability C</u> (A Florida Lin	Company as it now appears on our records.) imited Liability Company)
The Articles of Organization for this Limited Liability Com Florida document number 4000264185 This amendment is submitted to amend the following:	mpany were filed on $\frac{6}{16}$ $\frac{2624}{2624}$ and assigned
_	
A. If amending name, enter the new name of the limited	d liability company here:
The new name must be distinguishable and contain the words "Limited	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 ADDRES	<u> </u>
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 name of the new registe
agent and/or the new registered office address here:	
Name of New Registered Agent:	<u> </u>
New Registered Office Address:	-
rien registered office radices.	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

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

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Camer Hasan	2132 Inverness Cl Oviedo FL 32765	IZ∕Add
			□Remove
			□Change
			□ Add
			□Remove
			□Change
			
			□Rетоve
			Change
			□ A₫d .
			□Remove
			□Change
			□ Remove
			□ Change
			□Add
			□Remove

, 11 amen(ding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
_	
	
	
	
(If an effection Note: If	date, if other than the date of filing:
the record s cord is filed.	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated	Signature of a member or authorized representative of a member
	Typed or printed name of signee