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(Requestor's Name)
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PICK-UP WAIT MAIL
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# **COVER LETTER**

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TO: Registration S Division of Co			
	RVICES AND TECHNOLOGY	, LLC	
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles of	of Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	oondence concerning this matter	to the following:	
	Adriano De Campos Chag	gas	
	<del> </del>	Name of Person	<del></del>
	ACC SERVICES AND T	ECHNOLOGY, LLC	
	Firm/Company		<del></del> -
	846 PINEWOOD DR		
		Address	<del></del>
	DAVENPORT FL 33896		
		City/State and Zip Code	<del>-</del>
	mr.adrianochagas@gmail.c	com (to be used for future annual report noti	Goodine)
For further intermetion	concerning this matter, please c	·	ncation)
Adriano De Campos C	_ <del></del>	321 353 2917 at ()	
Name	of Person	Area Code Daytim	e Telephone Number
Enclosed is a check for	the following amount:		
S25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60,00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addr. Registration Division of P.O. Box 63 Tallahassee,	Section Corporations 27	Street Address: Registration Sec Division of Cor The Centre of T 2415 N. Monroe Tallahassee, FL	porations allahassee e Street, Suite 810

### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ACC SERVICES AND TECHNO	LOGY, LLC		
(Name of the Lim	ited Liability Company as it now appears of (A Florida Limited Liability Company)	n our records.)	
The Articles of Organization for this Limited I	Liability Company were filed on 06/27	and assigned and assigned	
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name	of the limited liability company here	‡	
The new name must be distinguishable and contain the		gnation "LLC" or the abbreviation "L.L.C."	
Enter new principal offices address, if appli	cable:		
Principal office address MUST BE A STRE	ET ADDRESS)	<del></del>	
Enter new mailing address, if applicable:			
• • • • • • • • • • • • • • • • • • • •	= novi	- <del>5</del>	
(Mailing address MAY BE A POST OFFICE	<u></u>		
B 16 N		<u> </u>	
B. If amending the registered agent and/or agent and/or the new registered office addr		ords, enter the name of the new regist	
agent and/or the new registered office addr	ess nere.		
Name of New Registered Agent:			
New Registered Office Address:	846 PINEWOOD DR		
Light registered cornec returness.	Enter Florida street address		
	DAVENPORT	, Florida <sup>33896</sup>	
	City	, Florida 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
MGR	Adriano De Campos Chagas	846 PINEWOOD DR, DAVENPORT FL 33896	<b>=</b> Add
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Signature of a promper or authorized representative of a possible	ated Ave. 314 29 . 2024 .				
	ared Avg 25 29 . 2024 .				