

Florida Department of State  
 Division of Corporations  
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L24100372373

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To:

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

From:

Account Name : LEGALZOOM.COM INC.  
Account Number : I20010000062  
Phone : (323)962-8600  
Fax Number : (323)389-0502

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

Email Address: \_\_\_\_\_

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 TALLAHASSEE, FL

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**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN**  
**ACADIAN CONCEPTS LLC**

Certificate of Status	0
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Corporate Filing Menu

HELP  
 OCT 01 2024  
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# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ACADIAN CONCEPTS 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 08/26/2024 and assigned Florida document number L24000372373

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:

36323 PINEY RIDGE BLVD

**(Principal office address MUST BE A STREET ADDRESS)**

FRUITLAND PARK, FL 34731

Enter new mailing address, if applicable:

36323 PINEY RIDGE BLVD

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

FRUITLAND PARK, FL 34731

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**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:

SAUCIER, CHAD

New Registered Office Address:

36323 PINEY RIDGE BLVD

*Enter Florida street address*

FRUITLAND PARK

Florida 34731

*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>	<u>Address</u>	<u>Type of Action</u>
AMBR	SAUCIER, CHAD		<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
		36323 PINEY RIDGE BLVD FRUITLAND PARK, FL 34731	<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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