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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	ORATION: ACA HOUSE CO	RP				
DOCUMENT NUM	IBER: P13000074908					
	s of Amendment and fee are su	bmitted for filing.				
Please return all corr	espondence concerning this ma	atter to the following:				
	Kathy Riano-Lopez					
		Name of Contact Person	<u> </u>			
	Riano & Associates LLC					
		Firm/ Company				
	9720 Stirling Road Suite 204	C				
	Address					
	Cooper City, FL 33024.					
		City/ State and Zip Code	<u> </u>			
	Kathy@rianolaw.com					
		sed for future annual report	notification)			
For further informati Kathy Riano-Lopez	on concerning this matter, plea	se call: at (_754	4009896			
Name	of Contact Person	Area Code & Daytime Telephone Number				
Enclosed is a check t	for the following amount made	payable to the Florida Depa	iriment of State:			
☐ \$35 Filing Fee	■\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)			
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810				

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

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(Name of Corporation as curre	ntly filed with the Florida Dept. of State)
P13000074908	
(Document Numbe	r of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, thits Articles of Incorporation:	is Florida Profit Corporation adopts the following amendment(s) t
A. If amending name, enter the new name of the corporation:	
	The new
name must be distinguishable and contain the word "corporation," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co", "chartered," "professional association," or the abbreviation "P.,	A professional corporation name must contain the word
B. Enter new principal office address, if applicable:	
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
	منسيد (آن) اعامسر
D. If amending the registered agent and/or registered office a	
new registered agent and/or the new registered office addr	SET TO
Name of New Registered Agent	
	一品
ıFlorida	street address)
New Registered Office Address:	. Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered Age I hereby accept the appointment as registered agent. I am familia	ent:
т петебу ассері те арронитені ах гедіміства адені. Тат затис	ir wun and accept the obligations of the position.
Signature of New	Registered Agent, if changing

Check if applicable

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Example:

Please note the officer director title by the first letter of the office title:

P - President, V= Vice President; T= Treasurer; S - Secretary, D= Director; TR= Trustee; C= Chairman or Clerk; CEO= Chief Executive Officer; CFO= Chief Financial Officer—If an officer director holds more than one title, list the first letter of each office held President. Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

X Change	<u>PT</u>	John Doe			
X Remove	\underline{V}	Mike Jones			
X Add	<u>sv</u>	Sally Smith			
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s		
1) Change	Presider	n MARGARITA MORALES-PEREZ	2750 SW 145TH AVE		
Add			SUITE 101 MIRAMAR, FL 33027		
X Remove 2) X Change	Т	ALCIBIADE RICCIARDELLI	8720 NW 111TH CT		
Add			DORAL, FL 33178		
Remove 3) Change	<u>s</u>	ALCIBIADE RICCIARDELLI	8720 NW 111TH CT DORAL, FL 33178		
X Add			<u> </u>		
Remove 4) Change					
Add					
Remove 5) Change					
Add					
Remove					
6) Change Add					
Remove					

	sheets, if necessary,	rticles, enter chan) — (Be specific)			
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e 	provides for an exc	change, reclassifica	ation, or cancellat	ion of issued share	. 2.
f <u>an amendment</u>	plementing the am	<u>ienament ii not co</u>	ntained in the am-	enament itseir:	
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The date of each amendment(s) adoption: May 23 2021	, if other than the
date this document was signed.	
Effective date if applicable: Max 27, 2021	
Effective date if applicable: May 27, 2021 (no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will document's effective date on the Department of State's records.	fill not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action a action was not required.	nd shareholder
☐ The amendment(s) was/were adopted by the shareholders. The number of votes east for the amendment(s) by the shareholders was/were sufficient for approval.	
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):	
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by'"	
by" (voting group)	
Signature (By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary) AUTOANO AEONE	
ANTONIO LEONE (Typed or printed name of person signing)	
PRESIDENT	
(Title of person signing)	