

7/28/2021

# L21000167182

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

From: Account Name : USACORP INC.  
Account Number : I20130000019  
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Email Address: Avichait1234@gmail.com

### LLC AMND/RESTATE/CORRECT OR M/MG RESIGN AC CAPITAL SOLUTIONS LLC

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ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

AC CAPITAL SOLUTIONS 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 04/19/2021 and assigned Florida document number L21000167182.

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)

416 SW 1st Avenue, Apt. 1906  
Fort Lauderdale, FL 33301

Enter new mailing address, if applicable:  
(Mailing address MAY BE A POST OFFICE BOX)

416 SW 1st Avenue, Apt. 1906  
Fort Lauderdale, FL 33301

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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: \_\_\_\_\_

New Registered Office Address:

416 SW 1st Avenue, Apt. 1906  
*Enter Florida street address*  
Fort Lauderdale, Florida 33301  
*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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Avi Chait	416 SW 1st Avenue, Apt. 1906	<input checked="" type="checkbox"/> Add
		Fort Lauderdale, FL 33301	<input type="checkbox"/> Remove
			<input 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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