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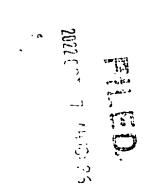
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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: ACL P SOCIETY LLC 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:
ADrian L OBregon Name of Person
Firm/Company
124715W 104 Terrale
Miani, FL 33186 City/State and Zip Code
SOFIOTAX Pros D. Gmail. Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Adrian L OBregon at 786, 546-0485 Name of Person Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \$30.00 Filing Fee \& \Bigcup \$55.00 Filing Fee \& \Bigcup \$60.00 Filing Fee, Certificate of Status \$\Bigcup \$ (additional copy is enclosed) \$\Bigcup \$ Certified Copy (additional copy is enclosed)

Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ACLY SOCIETY	
(Name of the Limited Liability Compan (A Florida Limited Li	y as it now appears on our records.) ability Company)
The Articles of Organization for this Limited Liability Company w	were filed on $08/05/2020$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabil ADR UNJERSTOUND	LLC
The new name must be distinguishable and contain the words "Limited Liabilit Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	12471 SW 104+h TEXTORCE MIDNIFL 33186
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	12471 SW 104th Telloce Minniff 133186
B. If amending the registered agent and/or registered office acagent and/or the new registered office address here:	ddress on our records, enter the name of the new registered
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	Florida
New Registered Agent's Signature, if changing Registered Agent:	City Zip Code
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete p	re to act in this capacity. I further agree to comply with the 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
			□Add
			□Remove
			☐ Change
			□Add
			Remove
			☐ Change
			□Add
			Remove
			Change
			□Add
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