L11000030376

| (Requestor's Name) |
|---|
| (Address) |
| (Address) |
| (Address) |
| (ladioss) |
| (City/State/Zip/Phone #) |
| |
| PICK-UP WAIT MAIL |
| |
| (Business Entity Name) |
| |
| (Document Number) |
| |
| Certified Copies Certificates of Status |
| |
| Special Instructions to Filing Officer: |
| Ţ |
| |
| } |
| |
| |
| • |
| |

Office Use Only

B. KOHR
DEC 28 2011
EXAMINER



100215475171

RECEIVED

11 DEC 27 PH 4: 15

12 DEPARTMENT OF STATE OF CORPOR ATTOMORY
DIVISION OF CORPOR FLORIDA

12 DEPARTMENT OF STATE OF CORPOR DATE OF





| ACCOUNT | NΩ | I20000000195 |
|---------|------|--------------|
| ACCOUNT | TIO. | 1200000001 |

REFERENCE: 039877

7525808

AUTHORIZATION

COST LIMIT

ORDER DATE: December 27, 2011

ORDER TIME : 3:45 PM

ORDER NO. : 039877-015

CUSTOMER NO: 7525808

DOMESTIC AMENDMENT FILING

NAME: ACPV HOLDINGS, LLC

XX ARTICLES OF AMENDMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Kimberly Moret -- EXT# 2949

EXAMINER'S INITIALS:

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



| | ACPV Hold | lings, LLC | | | | |
|--|---------------------------------------|--|----------------------------|-------------------------|--|--|
| (Name of the Limited | Liability Compa | ny as it now appears | on our records.) | | | |
| (r | t Florida Ellinica i | Stability Company) | | | | |
| The Articles of Organization for this Limited L | iability Company | were filed on | 3/11/2011 | and assigned | | |
| Florida document number L1100003 | | | | | | |
| Torida document namber | · · · · · · · · · · · · · · · · · · · | | | | | |
| This amendment is submitted to amend the foll | owing: | | | | | |
| A. If amending name, enter the new name o | f the limited liab | oility company here | ; | | | |
| - | | | | | | |
| The new name must be distinguishable and end wi "L.L.C." | th the words "Lim | ited Liability Compar | ny," the designation "L | LC" or the abbreviation | | |
| Enter new principal offices address, if applicable: | | 235 Altara Avenue | | | | |
| (Principal office address MUST BE A STREET ADDRESS) | | Coral Gables, Florida 33146 | | | | |
| | | | | | | |
| | | | - | | | |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | | 235 Altara Avenue | | | | |
| | | Coral Gables, Florida 33146 | | | | |
| in the second se | <u> </u> | | | | | |
| | | | | 1 | | |
| B. If amending the registered agent and/ | or registered of | ffice address on o | ur records, <u>enter t</u> | he name of the new | | |
| registered agent and/or the new registered o | | | • | | | |
| | | | | | | |
| Name of New Registered Agent: | Andrew B. I | Andrew B. Hellinger, authorized representative | | | | |
| New Registered Office Address | 235 Altara Avenue | | | | | |
| New Registered Office Address | Enter Florida street address | | | | | |
| | C | Coral Gables | | 33146 | | |
| | | | , Florida | Zıp Code | | |
| | | City | | | | |

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 608, 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 Agon, Signature of New Registered Agent

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager MGRM = Managing Member

| <u>Title</u> | <u>Name</u> | Address | Type of Action | | | | |
|--|---|--|-------------------|--|--|--|--|
| MGR_ | Coralee G. Penabad | 235 Altara Avenue Coral Gables, Florida 33146 | ☑ Add Remove | | | | |
| | • | | Add Remove | | | | |
| | | | Add Remove | | | | |
| | | | Add Remove | | | | |
| | | | Add Remove | | | | |
| The state of the s | | | Add Remove | | | | |
| D. If amendia | ng any other information, enter change(| s) here: (Attach additional sheets, if necessary.) | | | | | |
| | | | | | | | |
| Dated 1 | 2/27 201 | as Solvado | _ | | | | |
| Signature of a member or authorized representative of a member Coralee G. Penabad | | | | | | | |
| | Typed or printed name of signee | | | | | | |

Page 2 of 2

Filing Fee: \$25.00