

LI1000045062

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

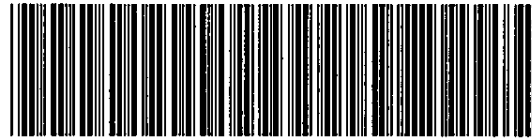
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

JAN 21 2014

J. BRUCE

Coleman | Talley

ATTORNEYS

VALDOSTA | ATLANTA

A Limited Liability Partnership

colemantalley.com

910 N. Patterson St.  
Valdosta, GA 31601  
Phone (229) 242-7562  
Fax (229) 333-0885

Kimberly O. Carter, RP®, FRP

Direct (229) 671-8263

kim.carter@colemantalley.com

January 14, 2014

**VIA FEDERAL EXPRESS**

Florida Secretary of State  
Division of Corporations  
Registration Section  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

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2014 JAN 15 PM 1:02  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

Re: Coggins Acres, LLC/Acres Holdings Florida, LLC

Dear Sir/Madam:

Enclosed please find the following:

1. An original and one (1) copy of *Articles of Amendment to Articles of Organization of Coggins Acres, LLC* changing the name of *Coggins Acres, LLC* to *Acres Holdings Florida, LLC*.
2. Our firm's check in the amount of \$25.00 for the cost to file the enclosed Amendment; and
3. A self-addressed, stamped envelope.

If you have any questions concerning this filing, please let me know. Otherwise, if everything appears in order, please return to our office, in the enclosed self-addressed, stamped envelope, a stamp file copy of the Amendment. Thank you.

Very truly yours,



Kimberly O. Carter, RP®, FRP  
Paralegal to L. Lake Jordan

Enclosures  
[887600]

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

COGGINS ACRES, 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 April 14, 2011 and assigned Florida document number L11000045062.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

ACRES HOLDINGS FLORIDA, LLC

The new name must be distinguishable and end with 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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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TALLAHASSEE FLORIDA

**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: \_\_\_\_\_

*Enter Florida street address*

\_\_\_\_\_, Florida \_\_\_\_\_

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 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 Agent, 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>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
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 PALM BEACH COUNTY, FLORIDA  
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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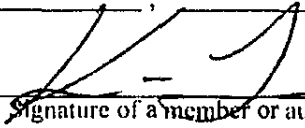
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**December 31, 2013**

Dated



Signature of a member or authorized representative of a member

**KEVIN L. COGGINS, Manager**

Typed or printed name of signee

**Page 3 of 3**

**Filing Fee: \$25.00**

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