

L15000090609

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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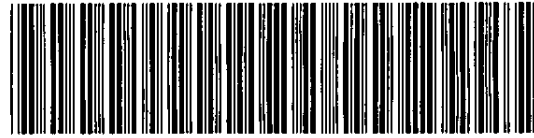
(Business Entity Name)

(Document Number)

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ENTITY NAME: ACRE MIMO HOLDINGS LLC.

CK # 1796

AMOUNT: \$ 43.75

PLEASE FILE THE ATTACHED AND RETURN:

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PLEASE CONTACT TINA AT 850-508-1891 FOR
FURTHER INFORMATION ON THIS MATTER.

THANK YOU!

TINA GOFF, PRESIDENT

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

ACRE MIMO HOLDINGS 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 May 21, 2015 and assigned Florida document number L15000090609

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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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 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>
AMBR	Blake Olafson	822 N. A1A Highway	<input checked="" type="checkbox"/> Add
		Suite 310	<input type="checkbox"/> Remove
		Ponte Vedra Fl. 32082	<input type="checkbox"/> Change
AMBR	Les Menkes	822 N. A1A Highway	<input checked="" type="checkbox"/> Add
		Suite 310	<input type="checkbox"/> Remove
		Ponte Vedra Fl. 32082	<input type="checkbox"/> Change
AMBR	Michael Van der Poel	822 N. A1A Highway	<input checked="" type="checkbox"/> Add
		Suite 310	<input type="checkbox"/> Remove
		Ponte Vedra FL 32082	<input type="checkbox"/> Change
AMBR	Asia Capital Real Estate Partners I,	822 N A1A Highway	<input type="checkbox"/> Add
		Suite 310	<input checked="" type="checkbox"/> Remove
		Ponte Vedra FL 32082	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Remove

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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Multiple horizontal lines for amending information.

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated July 2, 2015

Handwritten signature of Blake Olafson

Signature of a member or authorized representative of a member

Blake Olafson

Typed or printed name of signee

FILED 15 JUL -2 AM 9:03 SECRETARY OF STATE TALLAHASSEE, FLORIDA