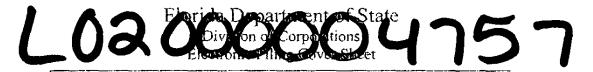
Division of Corporations

Page 1 of 2



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From:

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Account Number : 120010000025 Phone : (786)899-2235

Fax Number : (305)935-9042

**Enter the email address for this business entity to be used for facture annual report mailings. Enter only one email address pleased to the control of the

Email Address: +5/achter (2) leopold Korn. Com

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN ACC/GP INVESTMENT LLC

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COVER LETTER

| | TO: | | gistration Section vision of Corporations | | | | | |
|--------------|--|----------|---|---|---|--|---|--|
| | SUBJECT: | | ACC/GP IS | NVESTMENT LLC, a Florida | limited liability compan | y | | |
| | | | Name of Limited Liability Company | | | | | |
| · | The enc | losed | Articles of | Amendment and fee(s) are sub | mitted for filing. | | | |
| transports : | | | | ndence concerning this matter | • | | | |
| | | | | Gary A. Korn, Esq. | | | | |
| | | | | | Name of Person | | | |
| | | | | Leopold Korn, P.A. | | | | |
| | | | | Film Company | | | | |
| | | | | 20801 Biscayne Blvd., Sui | ite 501 | | | |
| | | | | | Address | | | |
| | | | | | | | | |
| | | | | | City/State and Zip Code | · · · · · · · · · · · · · · · · · · · | | |
| | | | gkom@leopoldkom.com E-mail address: (to be used for future annual report notification) | | | | | |
| | For further information concerning this matter, please call: | | | | | | | |
| | Gary A. Korn, Esq. | | | | | 35-3500 | | |
| | Name of | | | Person | Area Code | Daytime Telephone | Number | |
| | Enclosed | l is a c | theck for the | e following amount: | | | | |
| | _ | | ing Fee | ☐ \$30.90 Filing Fee & Certificate of Status | S55.00 Filing Fee of Certified Copy (additional copy is end | closed) C | 0.00 Filing Fee, ertificate of Status & ertified Copy (diluteral copy is enclosed) | |
| | MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 | | | ition Section of Corporations x 6327 | Registrat Division Clifton B | T/COURIER ADDR tion Section of Corporations Building coutive Center Circle | ESS: | |

Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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| ACC/GP INVESTMENT LLC, a Florida limited | iability company | |
|---|--|---|
| (Name of the Limited Liability Co (A Florida Limi | mpany as it now appears on our reco ted Liability Company) | rds.) |
| The Articles of Organization for this Limited Liability Comp Florida document number <u>L02000004757</u> | any were filed on February 27, 20 | and assigned |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limited | iability company here: | |
| The new name must be distinguishable and contain the words "Limited L | iability Company," the designation "LL | .C" or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | | |
| (Principal office address MUST BE A STREET ADDRESS | <u> </u> | |
| | | 三进 0 |
| | | |
| Enter new mailing address, if applicable: | · · · · · · · · · · · · · · · · · · · | 72 W |
| (Mailing address MAY BE A POST OFFICE BOX) | ************************************** | 2 4 |
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| | | |
| B. If amending the registered agent and/or registered | office address on our record | |
| registered agent and/or the new registered office address | <u>nere</u> : | > |
| Name of New Registered Agent: | | |
| Nov. Donistand Office Address. | | |
| New Registered Office Address: | Enter Florida street addre | ess |
| | F | lorida |
| | City | Zip Code |
| New Registered Agent's Signature, if changing Registered Age | nt; | |
| I hereby accept the appointment as registered agent and a provisions of all statutes relative to the proper and compl accept the obligations of my position as registered agent t being filed to merely reflect a change in the registered off company has been notified in writing of this change. | ete performance of my duties, c as provided for in Chapter 605, | ind I am familiar with and , F.S. Or, if this document is |
| ĩrc | Changing Registered Agent, <u>Signature</u> | e of New Registered Agent |

Page 1 of 3

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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

| Title | Name | Address | Type of Action |
|-------------------|--|---|----------------|
| MGR | ACC/GP SOUTHEASTERN, LLC a Florida limited liability company | 20803 Biscayne Blyd., Suite #200 Aventura, Ft. 33180 | □ Add |
| | | | ☐ Remove |
| | | | ■ Change |
| VP, Director | MICHAEL BEDZOW | 20803 Biscayne Blvd., Suite #200 Aventura, FL 33180 | ☐ Add |
| | | | ☐ Remove |
| | | | ■ Change |
| | | | Ddd |
| | | | 🗆 🖸 Remove |
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| 444 ⁴⁰ | | | |
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| | | | ☐ Change |

| If amending any other information | i, enter change(s) here: (Attuch addi | tional sheets, if necessary) | (((H16000080475 |
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| Note: If the date inserted in this block document's effective date on the Depar | | ing requirements, this date wil | I not be listed as the |
| e record specifies a delayed er The 90th day after the record | fective date, but not an effective is filed. | time, at 12:01 a.m. on | the earlier of: |
| Pated March 30 | 2016 | M.C. | in on |
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| Frances Shapiro, President | ature of a member of authorized representati | ve of a member है। जिल्ला | 9 2 77 |
| ··· | Typed or printed name of signee | ORIĐA | - Communication |
| | Page 3 of 3 | ĎA A | ^ກ ພ |

Filing Fee: \$25.00

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