

LA3000005909

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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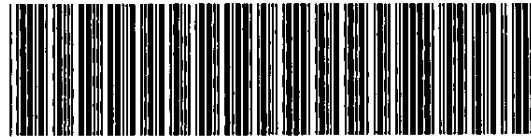
(Business Entity Name)

(Document Number)

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2017 APR -5 PM 3:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. SALY

APR -6 2017

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: ACV ENDOWMENT, L.L.C.

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:

Craig Carter

Name of Person

Advent Christian Village, Inc.

Firm/Company

10680 Dowling Park Drive

Address

Live Oak, FL 32060

City/State and Zip Code

ccarter@acvillage.net

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Ernie Page

at 850 973-4007

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- ☒ \$25.00 Filing Fee ☐ \$30.00 Filing Fee & Certificate of Status ☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) ☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

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

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

ACV ENDOWMENT, L.L.C.

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

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TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on February 17, 2003 and assigned
Florida document number L03000005909.

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:

10680 Dowling Park Drive

(Principal office address MUST BE A STREET ADDRESS)

Live Oak, Florida 32060

Enter new mailing address, if applicable:

P.O. Box 4327

(Mailing address MAY BE A POST OFFICE BOX)

Dowling Park, 32064

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:

Ernie Page

New Registered Office Address:

107 S.W. Pinckney Street

Enter Florida street address

Madison

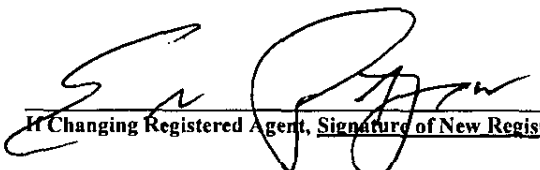
City

, Florida 32340

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

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>
MGR	Steve Hett	10680 Dowling Park Drive Live Oak, FL 32064	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change
MGR	Carl Vignali		<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove <input type="checkbox"/> Change
MGR	Ken Erb		<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove <input type="checkbox"/> Change
MGR	Ken Dodge		<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove <input type="checkbox"/> Change
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TALLAHASSEE, FLORIDA

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

Section V: Amend the first paragraph and replace it to state as follows: The Company is to be manager/managed

company. The number of managers at this time shall be one (1). The manager's name and address is:

Section V: Amend the second paragraph and replace it to state as follows: The manager shall appoint officers.

Additional managers may be added at the discretion of the member.

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STATE DEPT OF STATE
TALLAHASSEE, FL 32301

E. Effective date, if other than the date of filing: March 22, 2017 (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

3/22

2017



Signature of a member or authorized representative of a member

Steve Hett

Typed or printed name of signee