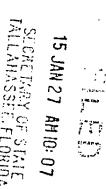
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J. Ordiers FEB 1 + 2015

COVER LETTER

		stration Sec sion of Corp			
SUBJEC	~г.	Archer Cr	own Residential Mana	gement LLC	
SUBJEC	U1.		Name of Lim	ited Liability Company	
The encl	losed	Articles of A	mendment and fee(s) are sub	mitted for filing.	
Please re	eturn	all correspon	dence concerning this matter	to the following:	
			Ray Wofford		
				Name of Person	•
			Archer Crown Resid	ential Management	
				Firm/Company	· · · · · · · · · · · · · · · · · · ·
			3560 Crump Road		
				Address	
			Winter Haven Fl 338	384	
				City/State and Zip Code	
			rwofford@acresident	•	
For furth	ner in	formation co	E-mail address: ()	to be used for future annual report	notification)
Ray W				863 438-00	33
		Name of	Person		time Telephone Number
Enclosed	d is a	check for the	e following amount:		
\$25.	.00 Fi	iling 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

Archer Crown Residential I					
(Name of the Limit	ed Liability Compan (A Florida Limited L	y as it now appears on our records.) iability Company)			
The Articles of Organization for this Limited Life Florida document number L07000057374 This amendment is submitted to amend the following the control of t	<u> </u>	were filed on <u>05/30/2007</u>	a	and assi	igned
	, and the second				
A. If amending name, enter the new name of	<u>f the limited liabil</u>	lity company here:			
The new name must be distinguishable and end with the	words "Limited Liabi	lity Company," the designation "LLC"	or the abbrevi	ation "L	L.C."
Enter new principal offices address, if applic	able:	3560 Crump Road			
(Principal office address MUST BE A STREE		Winter Haven, FI 33881			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE) B. If amending the registered agent and/registered agent and/or the new registered of	or registered of		enter the	name	of the nev
		•	∑ (/)		
Name of New Registered Agent:				5	
New Registered Office Address:	3560 Crump)	<u> </u>	E HW	<u> </u>
		Enter Florida street address	SE S	7	-
	Winter Have	, FIORE	da <u>33</u> 881	<u> </u>	<u> [[]</u>
New Registered Agent's Signature, if changing I		City	ORID	@# 07	Andrews.
I hereby accept the appointment as registere provisions of all statutes relative to the prop accept the obligations of my position as regi- being filed to merely reflect a change in the company has been notified in writing of this	er and complete p stered agent as p registered office (performance of my duties, and rovided for in Chapter 605, F.S	I am famili S. Or, if thi	iar wit is docu	h and ment is

If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Authorized Member on our records, <u>enter the title, name, and address of each Manager or Authorized Member being added or removed from our records</u>:

MGR = Ma $AMBR = Aa$	anager . uthorized Member		
<u>Title</u>	Name	Address	Type of Action
			Add
		<u></u>	☐ Remove
			□ Add
			□ Remove
			Add
			□ Remove
		· · · · · · · · · · · · · · · · · · ·	□ Add
	•		Remove
			15 JAN
			ASSECTLORIDA
			Remove.
			7 11 E 10 A
			Add
			Remove

•	
	
ive data if other than the data of	f filing: (ontional)
ive date, if other than the date of	f filing: (optional) or to date of receipt or filed date and cannot be more than 90 days after
	or to date of receipt or filed date and cannot be more than 90 days after
ive date, if other than the date of ective date must be specific, cannot be prior e this document is filed by the Florida Dep	

Page 3 of 3

Filing Fee: \$25.00

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