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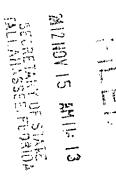
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EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

IRLECT: ACAPS Properties, LLC

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:

Cindy Barbara

Name of Person

Alvarez & Barbara, LLP

Firm/Company

2701 South Bayshore Drive, #500

Address

Miami, FL 33133

City/State and Zip Code

cbarbara@alvarezbarbara.com

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

For further information concerning this matter, please call:

Cindy Barbara

305, 263-7700

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)

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

ACAPS Properties, 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 10/23/2007 and assigned Florida document number <u>L</u>07000107867 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 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) B. If amending the registered agent and/or registered office address on our records, enter the name registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address City

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

MGR = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	Address Type of Action
MGRM	Catherine Capo	1680 Michigan Ave, #PH5
		Miami Beach, FL 33139
MGRM	Robert J. Bustamante	1680 Michigan Ave, #PH5 ✓ Add
		Miami Beach, FL 33139
		Add
		Remove
		Add
		Remove
		Rêmove
·		Add
		Remove

D. If an	nending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
Patad	Navember 8, 2012
zaieu	TOWER THEOD, 2012
•	
	Signature of a member or authorized representative of a member
	Typed or printed name of signee Copo
	Page 3 of 3

Filing Fee: \$25.00