## L08000020846

(Re	questor's Name)	
. (	4400-2107,241107	
(Ad	dress)	
	•	
(Ad	dress)	· · · ·
.*.		
(Cit	ty/State/Zip/Phone	<del>)</del> #)
PICK-UP	☐ WAIT	MAIL
-		
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
	•	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
·		
	i	

Office Use Only



100183103581

07/12/10--01040--017 \*\*25.00

FILED 10 JUL 12 AM 9: 45 SECRETARY OF STATE SECRETARSSEE. FLORIDA

J. BRYAN

JUL 1 3 2010

**EXAMINER** 



Date: July 6, 2010

To: Department of Business and Professional Regulations

1940 North Monroe Street Taliahassee, FL 32399

Re: Addition of Qualifying Broker

My name is Keith Neal Jackson (BK# 3108032); I am no longer employed with Marcus & Millichap Commercial Real Estate Investment Firm where my broker's license was held. My license is Current and Real Estate Investment Firm where my broker's license was held. My license is Current and Reality eas of the date of this letter. I will be returning to my position as Qualifying Broker of the Acropolis 559, LLC dba Jackson Realty & Appraisal Services (EIN#35-2327818). Paul Jackson's license will stay active as a qualifying broker as well. Moreover, I will be the designated broker for our local board of realtors.

I was instructed by a member of the DBPR Reference #269331 and reference# 2-62285937 and reference# 262288270 on the proper procedure for installation of an additional broker. I will file the Florida Department of State — Articles of Amendment forms and attach for your information.

Thank you,



Lic. Real Estate Broker
Certified Property Management Specialist
Jackson Realty & Appraisal Services
Contact 321.662.0422
Facsimile 407.386.3198

CC: Florida Department of State - Division of Corporations

Paul Jackson

FILED 10 JUL 12 AM 9: 4:5 SECRETARY OF STATI

## **COVER LETTER**

TO:	Registration Sec Division of Corp				•
SUBJE	CT:	The Acro	opolis 559, LLC		
			ited Liability Company	_	
•				•	
The enc	losed Articles of A	mendment and fec(s) are sut	omitted for filing.	;	
Please r	eturn all correspon	dence concerning this matter	to the following:		
					,
	•		Keith N. Jackson	l	
			Name of Person	:	-
		TI	ne Acropolis 559, LLC		
			Firm/Company .	:	
			7975 Riffle Lane		Z.o. =
	•	· · · · · · · · · · · · · · · · · · ·	Address .		LEG
	•.		Orlando, FL 32818	1	新二
			City/State and Zip Code		. SST 2
		<b>K</b> .i	/ I@JacksonRealty.com	1	TARY OF STATE
		E-mail address: (	to be used for future annual repo	ort notification)	21.0 1.0 1.0 1.0 1.0 1.0 1.0 1.0 1.0 1.0
For furt	her information co	ncerning this matter, please o	eall:	. :	REF. 19
	Keith	N. Jackson	at ( 321 )	662-0422	
	Name of	Person		Daytime Telephone Numbe	<u> </u>
			·		
Enclose	d is a check for the	following amount:			
<b>₹</b> \$25.	00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is et		ate of Status &
			·		nal copy is enclosed)
	Registra Division P.O. Box	NG ADDRESS: tion Section of Corporations (6327 see, FL 32314	Registratior Division of Clifton Buil 2661 Execu	Corporations,	·

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

This amendment is submitted to amend the following:  A. If amending name, enter the new name of the limited Hability Company here:  The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."  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 Agent:  New 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 camplete 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. Thereby confirm that the limited liability		The Acropolis 559, LLC		4
The Articles of Organization for this Limited Liability Company were filed on	(Name o	f the Limited Liability Company as it now appea (A Florida Limited Liability Company)	rs on our records.)	
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 "LLC."  Enter new principal offices address, if applicable:  (Principal office address MUST BE A STREET ADDRESS)  Enter new mailing address, if applicable:  (Mailling 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  City  Torda  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 608, F.S. Or, if this document is being filed to merely reflect a change in the 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 agent as provided for in Chapter 608, F.S. Or, if this document is				
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 "LLC."  Enter new principal offices address, if applicable:  (Principal office address MUST BE A STREET ADDRESS)  Enter new mailing address, if applicable:  (Mailling 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  City  Torda  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 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	The Articles of Organization for th	is Limited Liability Company were filed on	2-27-2008	and assigned
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 "LLC."  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  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 statiutes 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, FS. Or, if this document is being filed to merely reflect a change in the registered agent as provided for in Chapter 608, FS. Or, if this document is being filed to merely reflect a change in the registered office address. I hereby confirm that the limited liability	Florida document numberL	0800 0020 846		
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 "LLC."  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  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 statiutes 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				*
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 "LLC."  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  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 statiutes 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	This amandment is submitted to an	pend the following:		•
The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."  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 and/or the new 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 duittes, 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 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	This amendment is submitted to an	nend the following.	-	
Enter new principal offices address, if applicable:  (Principal office address MUST BE A STREET ADDRESS)  Enter new mailing address, if applicable:  (Mailling 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 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	A. If amending name, enter the	new name of the limited liability company he	<u>re</u> :	•
Enter new principal offices address, if applicable:  (Principal office address MUST BE A STREET ADDRESS)  Enter new mailing address, if applicable:  (Mailling 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 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			j	
Enter new mailing address, if applicable:  (Mailling 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 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	The new name must be distinguishable	le and end with the words "Limited Liability Comp	any," the designation	"LLC" or the abbreviation
Enter new mailing address, if applicable:  (Mailling 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 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	"L.L.C."		1-	
Enter new mailing address, if applicable:  (Mailling 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  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 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	Enter new principal offices addre	ess, if applicable:		Fo 5
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  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. Jurther 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				E9 6 1
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 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		The state of the s	, , , , ,	- E
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 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			:	S 2 7
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 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				The 王
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 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			· · · · · · · · · · · · · · · · · · ·	70,0
Name of New Registered Agent:  New Registered Office Address:  Enter Florida street address  Enter 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 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	(Mailing address MAY BE A POS	TOFFICE BOX)		- 92 <b>5</b>
Name of New Registered Agent:  New Registered Office Address:  Enter Florida street address  Enter 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 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				7
Name of New Registered Agent:  New Registered Office Address:  Enter Florida street address  Enter 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 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				
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 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			our records, enter	the name of the nev
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 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	registered agent and/or the new i	registered office address nere;		
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 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				,
Enter Florida street address  City  Tip 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 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	Name of New Registered	Agent:		
Enter Florida street address  City  Tip 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 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	New Registered Office A	ddress:		
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 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			nter Florida street ad	ldress
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 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			Florida	
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		City	rioriua _	Zip Code
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	New Registered Agent's Signature		- T	
the provisions of all statutes relative to the proper and compléte 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	New Registerest Agent a Signature	H CHANGING REGISTED AREUN.		
the provisions of all statutes relative to the proper and compléte 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	I hereby accept the appointment	as registered agent and agree to act in this c	apacity. I further a	gree to comply with
being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability	the provisions of all statutes rela	tive to the proper and complete performance	of my duties, and i	' am familiar with and
	accept the obligations of my posi	ition as registered agent as provided for in C	hapter 608, F.S. O	r, if this document is
company has been notified in writing of this change.			y confirm that the l	imitea tiability

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

MGR = Manager

MGRM = Managing Member Title Title **Name Address** Type of Action MGRM KEITH JACKSON 7975 RIFFLE Add ORLANDO, FL 32818 Remove Remove ☐ Add Remove Add Remove □Add Remove  $\Box$ Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated Signature of a member or authorized representative of a member ACILSON Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00