L10000127158

	(Requestor's Name)
	(Address)
	(Address)
	(City/State/Zip/Phone #)
PICK-UF	P WAIT MAIL
	(Business Entity Name)
	(Document Number)
Certified Copies	Certificates of Status
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SECRETARY OF STATE TALLAHASSEE, FLORIDA

FILED

COVER LETTER

TO:	Registration Section Division of Corporation					
SUBJEC	AC RESIDENTIAL MANAGEMENT, LLC					
COBOL		Name of Limited Liability Company				
		nendment and fee(s) are sub lence concerning this matter	-			
			Andre' Campbell			
			Name of Person			
		AC RESIDENTIAL MANAGEMENT, LLC			: ; F .o. 2	
			Firm/Company			-
310		3109 NW 72 Ave		JUN 16 PM 6: 01 DRETARY OF STATE AHASSEE. FLORID		
			Address		RY SSE	<u> </u>
			Marrata El 22062		E PE	(
Margate, FL 33063 City/State and Zip Code				PM 6: 11 DF STATE . FLORIDA	•	
		6	acamp7@gmail.com		\$E #	
		E-mail address: (to be used for future annual report notific	cation)		
For furth	ner information con	cerning this matter, please c	all:			
		e' Campbell	ai (+ + + -)	161-7393		
	Name of P	erson	Area Code & Daytime	Telephone Number	r	
Enclosed	is a check for the	following amount:				
	00 Filing Fee [\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	ite of Status &	sed)
MAILING ADDRESS: Registration Section		STREET/COURING Registration Section	1			

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

Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 3230!

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

AC RESIDENTIA	<u>AL MANAGEMEN</u>	Γ, LLC	
(<u>Name of the Limited Liability C</u> (A Florida Li	Company as it now appears mited Liability Company)	s on our records.)	
The Articles of Organization for this Limited Liability Con	mpany were filed on	12/13/2010	and assigned
Florida document numberL10000127158			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limite	ed liability company here	2:	
	Photography, LLC		
The new name must be distinguishable and end with the words "L.L.C."	s "Limited Liability Compar	ny," the designation "L	LC" or the abbreviation
Enter new principal offices address, if applicable:	***************************************	Ä	S5. 22
(Principal office address MUST BE A STREET ADDRE	<u> </u>		
	 	AS:	2
		č	
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
		<u></u>	
B. If amending the registered agent and/or registered agent and/or the new registered office addre		ur records, <u>enter t</u>	he name of the new
Name of New Registered Agent:			
New Registered Office Address:			
	Ent	er Florida street addi	ress
·	, 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 company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

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 **Address Type of Action Title** Name MGR Erica Campbell ☑ Add ☐ Remove 3109 NW 72 Ave Margate, FL 33063 Add Remove ☐ Add ☐ Remove Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary) June 11 2011 Dated ___ Signature of a member or authorized representative of a member Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00