## L11000064975

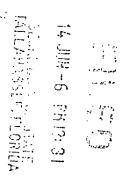
(Red	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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## **COVER LETTER**

TO: Registration S Division of Co	
SUBJECT: ACR	Community Services, LLC
	Name of Limited Liability Company
The enclosed Articles of	of Amendment and fee(s) are submitted for filing.
Please return all corresp	pondence concerning this matter to the following:
	Ana P Cruz
	Name of Person
	ACR Community Services, LLC
	Firm/Company
	12260 SW 8 Street Suite #232
	Address
	Miami Florida 33184
	City/State and Zip Code
	info@acrcs.com
	E-mail address: (to be used for future annual report notification)
For further information	concerning this matter, please call:
Ana P Cru:	z at (786) 346-5296 Of Person Area Code Daytime Telephone Number
Name	of Person Area Code Daytime Telephone Number
Enclosed is a check for	the following amount:
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certificate of Status Certified Copy Certificate of Sta

MAILING ADDRESS:

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

## STREET/COURIER ADDRESS:

Certified Copy (additional copy is enclosed)

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

(additional copy is enclosed)

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

The Articles of Organization for this Limited Liability Company Florida document number L11000064975  This amendment is submitted to amend the following:	were filed on 06/03/2011	and assigned	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company here:		
The new name must be distinguishable and end with the words "Limited Liab	ility Company," the designation "LLC" or the	e abbreviation "L.L.C."	
Enter new principal offices address, if applicable:	12260 SW 8 Street Suite #232		
(Principal office address MUST BE A STREET ADDRESS)	Miami Florida 33184		
Enter new mailing address, if applicable:	12260 SW 8 Street Suite #2	32	
(Mailing address MAY BE A POST OFFICE BOX)	Miami Florida 33184		
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here  Name of New Registered Agent:		r the name of the	
New Registered Office Address:		- No	
	Enter Florida street address , Florida _		
New Registered Agent's Signature, if changing Registered Agent:	City	Zip Code	
I hereby accept the appointment as registered agent and agre			

If Changing Registered Agent, Signature of New Registered Agent

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 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 = Manager AMBR = Authorized Member			
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
			□ Remove
			☐ Remove
			□ Remove
			Add Add Remove
			CONTROL IN THE CONTRO
			<b>5</b> No.
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D.	If am	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
		······································
E.	Effec (The ef	tive date, if other than the date of filing:
	Dated	06/01/2014
		Signature of a member or authorized representative of a member
		HUA P. CRYZ.
		Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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