

L12000144667

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(Address)

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FILED  
2014 JAN 30 PM 2:42  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

JAN 31 2014

D. BRUCE

**Articles of Amendment  
to  
Articles of Organization  
of**

**ACPP II, 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 **11/15/2012**  
and assigned Florida document number **L12000144667**

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:** 2100 Ponce De Leon Blvd.

(Principal office address **MUST BE A STREET ADDRESS**) Suite 1045

Coral Gables, FL 33134

**Enter new mailing address, if applicable:**

(Mailing address **MAY BE A POST OFFICE BOX**)

2100 Ponce De Leon Blvd.

Suite 1045

Coral Gables, FL 33134

**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: Sandra Navarro-Garcia

New Registered Office Address: 7951 SW 40<sup>th</sup> Street, Suite 202  
Miami, FL 33155

**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 605, F.S. Or, if this document is being filed 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

**C. If amending the Managers or Authorized Member on our records, enter the title, name, address of each Manager or Authorized Member being added or removed from our records:**

**MGR= Manager**

**AMBR= Authorized Member**

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u> (Check One)
1) MGR	Coralee G. Penabad	235 Altara Avenue Coral Gables, FL 33146	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u> (Check One)
2) MGR	Michael Calderon	2100 Ponce De Leon Blvd. Suite 1045 Coral Gables, FL 33134	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove

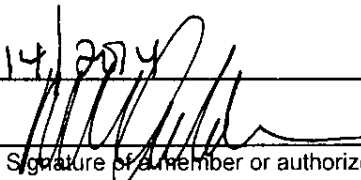
D. **If amending any other information, enter change(s) here:**  
(Attach additional sheet, if necessary). (Be specific)

E. **Effective date, if other than the date of filing:** \_\_\_\_\_ **(optional)** (if an effective date is listed, the date must be specific and cannot be more than 90 days after filing.)  
(605.0207 (3)(b))

Dated

1/14/2014

Signature



Signature of a member or authorized representative of a member

Michael Calderon

(Typed or printed name of person signee)

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