## 11300009955

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(Ad	ldress)					
(Ac	ldress)					
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## **Articles of Amendment** to **Articles of Organization** of

2

Type of Action

(Check One)

Add

□ Remove

## ACPRR, 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 01/18/2013 and assigned Florida document number <u>L13000009955</u>

<u>Title</u>

1) MGR

<u>Name</u>

Coralee G. Penabad

This ar	mendment 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 <u>MUST BE A STR</u>	REET ADDRESS)	Suite 1045 Coral Gables, FL 33134				
	Enter new mailing address, if applicable:		2100 Ponce De Leon Blvd	I			
	(Mailing address MAY BE A POST OFFICE	E BOX)	Suite 1045 Coral Gables, FL 33134				
В.	If amending the registered agent a	and/or register	red 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> Miami, FL 33	Street, Suite 202				
		Wilaini, FL 33	155	SS O			
New R	legistered Agent's Signature if cha	nging Registe	red Agent:				
I hereb to com	by accept the appointment as register apply with the provisions of all statutes	red agent and a relative to the p	ngree to act in this capacity. Oroper and complete perfor	Tfurther agree. mance of my			
	and I am familiar with and accept the ed for in Chapter 605, F.S. Or, if this						
registe	ered office address, I hereby confirm to of this change.						
winning		Lant Signature	of New Registered Agent				
0		)-		ho titlo nama			
C.	If amending the Managers of Auth address of each Manager or Auth						
	records:						
	Manager = Authorized Member						

**Address** 

235 Altara Avenue

Coral Gables, FL 33146

<u>Ti</u>	<u>tle</u>	<u>Name</u>	Address	Type of Action (Check One)					
2)	MGR	Michael Calderon	2100 Ponce De Leon Blvd. Suite 1045 Coral Gables, FL 33134	⊠ Add □ Remove					
D.	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		14/2014, 1							
Signature									
Signature of a member or authorized representative of a member									
		·							
Michael Calderon									
(Typed or printed name of person signee)									

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-ALLAHASSEE FLORIDA