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ACCOUNT NO. : I2000000195 REFERENCE : 7866623 AUTHORIZATION COST LIMIT : \$ 25.00 ORDER DATE: March 25, 2014 ORDER TIME : 11:48 AM ORDER NO. : 069518-005 CUSTOMER NO: 7866623 DOMESTIC AMENDMENT FILING NAME: ACORN 6B WAKULLA REAL ESTATE, LLCEFFECTIVE DATE: XX____ ARTICLES OF AMENDMENT ____ RESTATED ARTICLES OF INCORPORATION PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: _ CERTIFIED COPY XX PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Susie Knight -- EXT# 52956

EXAMINER'S INITIALS:

COVER LETTER

Division o	n Section Corporations
ACOI SUBJECT:	RN 6B WAKULLA REAL ESTATE, LLC
SUBJECT:	Name of Limited Liability Company
The enclosed Article	es of Amendment and fee(s) are submitted for filing.
Please return all cor	respondence concerning this matter to the following:
	Kathleen Leuschel
	Name of Person
	Sabal Financial Group, L.P.
	Firm/Company
	4675 MacArthur Court, Suite 1550
	Address
	Newport Beach, CA 92660
	City/State and Zip Code
	tammie.etchells@sabalfin.com E-mail address: (to be used for future annual report notification)
For further informat	on concerning this matter, please call:
Kathleen Leusche	at()
Na	me of Person Area Code Daytime Telephone Number
Enclosed is a check	for the following amount:
□ \$25.00 Filing Fee	COLL NO PROPERTY.

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

STREET/COURIER ADDRESS: Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ACORN 68 WAKULLA REAL EST	,	
(<u>Name of the Limited L</u> (A F	iability Company as it now appears on our lorida Limited Liability Company)	r records.)
The Articles of Organization for this Limited Liab Florida document number L14000010337		
This amendment is submitted to amend the follow	ing:	
A. If amending name, enter the new name of the	ne limited liability company here:	
The new name must be distinguishable and end with "L.L.C."	the words "Limited Liability Company," the	designation "LLC" or the abbreviation
Enter new principal offices address, if applicab	le:	
(Principal office address MUST BE A STREET.	ADDRESS)	AG N
		Sign of the state
Enter new mailing address, if applicable:		R 25
(Mailing address MAY BE A POST OFFICE BO	DX)	T 3
		0: 0: E
		三型版 5
B. If amending the registered agent and/or registered agent and/or the new registered offic		ords, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Flori	da 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 605, 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 Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager AMBR = Authorized Member <u>Title</u> Name Address Type of Action **AMBR** Pine Holdco, LLC 4675 MacArthur Court, Suite 1550 Newport Beach, CA 92660 Remove **AMBR** CADC/RADC Venture 2011-1, LLC 4675 MacArthur Court, Suite 1550 Newport Beach, CA 92660 Regiove

D. If amending a	ny other information, enter change(s) here: (Attach additional sheets, if necessary.)
	
E. Effective date (If an effective dat	, if other than the date of filing: (optional) e is listed, the date must be specific and cannot be more than 90 days after filing.) (605.0207 (3)(
Dated March 24,	2014
Dated	· · · · · · · · · · · · · · · · · · ·
	Kartneren Leuschel
	Signature of a member or authorized representative of a member
	Kathleen Leuschel, Authorized Representative
	Typed or printed name of signee
	Page 3 of 3

Page 3 of 3

Filing Fee: \$25.00

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