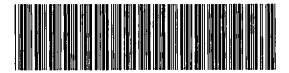
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COVER LETTER

SUBJECT: ACACIA Community Association Management, U.C. Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Name of Person	TO: Registration Se Division of Cor			
Please return all correspondence concerning this matter to the following: Tat	1.	\mathcal{O}	Association Mailed Liability Company	pagement, L.C.
Tat Naldrett-Bilodeau Name of Person Acacia Community Association Management UC Firm Company 3201 63 N St West Address Brackenton Florida 34209 City/State and Zip Code Praldretthilodeau @ Lahoo. Com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: At Mutrit Cilodeau Name of Person at (H) 685.0500 Daytime Telephone Number Enclosed is a check for the following amount: \$25.00 Filing Fee Certified Copy (additional copy is enclosed) Certificate of Status & Certified Copy (additional copy is enclosed)	The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
ACACIA Community Association Acacement UC Sociation Security	Please return all correspo	ondence concerning this matter	to the following:	
For further information concerning this matter, please call: At Alexa Bobara Area Code Daytime Telephone Number		Tat Na ACACIA 3201 Brade Dnaldrettle	City/State and Zip Code	o. Com
Area Code Daytime Telephone Number Enclosed is a check for the following amount: \$25.00 Filing Fee \$\bigcup \$30.00 Filing Fee & Certificate of Status \$\bigcup \$\text{Certified Copy} & Certificate of Status & Certified Copy} & Certificate of Status & Certified Copy			J.	Teation)
Enclosed is a check for the following amount: \$25.00 Filing Fee \$\Bigcup \$30.00 Filing Fee & Certificate of Status \$\Bigcup \$\text{Certified Copy} & Certificate of Status & Certified Copy & Certified Copy (additional copy is enclosed) \$\Bigcup \$\text{Certified Copy} & \Bigcup \$Certified Co	fat Paldrett	Bilodeau	at (941) 685.	0500
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	\$25.00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy

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

ARTICLES OF ORGANIZATION **OF** The Articles of Organization for this Limited Liability Company were filed on 14000023483 Florida document number 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 "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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: New Registered Office Address: Enter Florida street address

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

Page 1 of 3

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 = A	uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
M6R	PIZZOFERRATO, GLENDA	4916 Linsey Ct SARASOTA, FL 3424	Add Arcmove
MGR	Schiewe, Jon A	Sarasota, Fl 3/24=	□ Add
			Add SER OF S
		,	SSEE FOR SEE OF
			
			_
	,		_D Remove

1). If amending any other information, enter change(s) here: (Attach daditional sheets, if necessary.			
E. Effective date, if other than the date of filing:			
Pat Naldrett - Eilodeau Typed or printed name of signee		-	
	TALLAH	2014 SEP	ر از

Page 3 of 3

Filing Fee: \$25.00