# L14000 036509

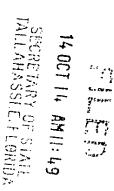
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### **COVER LETTER**

TO: Registration S Division of Co		.ik	
SUBJECT:	AC INVESTME	ENT 1 110 "	
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	of Amendment and fee(s) are sub-	mitted for filing.	
Please return all corres	condence concerning this matter	to the following:	
	LAURENT	BENZA QUEN Name of Person	
•		Name of Person	
	JULB PROP	ERTY MANAGEMET	VT, UC
		Firm/Company	
	255 Col	LINS AVENUE, SU	LITE
		BEACH Ft 3313 City/State and Zip Code	59
	MB OFFICE E-mail address: (	16Rouf@GMAIL to be used for future annual report noti	COM ification)
For further information	concerning this matter, please ca	all:	
LAURENT	BENZAQUEN	at ( <u>305)</u> 763	.8102
	of Person	Area Code Daytim	ne Telephone Number
Enclosed is a check for	the following amount:		
\$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

#### 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

(Name of the Limited Liability Compan (A Florida Limited Liability Compan)	1 LLC y as it now appears on our ability Company)	records.)			
The Articles of Organization for this Limited Liability Company v Florida document number <u>L1400036909</u> .	vere filed on	5-20	14	and assign	ed
This amendment is submitted to amend the following:	•				
A. If amending name, enter the new name of the limited liability	ity company here:				
The new name must be distinguishable and end with the words "Limited Liabil	ity Company," the designation	on "LLC"	or the abbrev	iation "L.L.(	J."
Enter new principal offices address, if applicable:		1			
(Principal office address MUST BE A STREET ADDRESS)		NA			
Enter new mailing address, if applicable:			S CRETA	14 OCT	, ,
(Mailing address MAY BE A POST OFFICE BOX)		1/A	38 <u>7</u> 0.00		
B. If amending the registered agent and/or registered office address here:		ecords, g	enter the	hame of	the new
Name of New Registered Agent:					
New Registered Office Address:  Enter Florida street address		A address		·····	
		, Flori	da		
	City	,	Zi	p 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, <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
MARM	AC : YG INVESTMENTS, LLC	300 ALTON ROAD	X.Add
		SUITE 100	Remove
		MIAMI BEACH, FL 33139	
MGRM	JJLB PROPERTY	255 COLLINS AVENUE	Add
	MANAGEMENT, LIC	SUITE 1	□ Remove
		MIAMI BEACH, FL 33139	
MGR	AGOSTINHO CALCADA	300 ALTON ROAD	□ Add
		SUITE 100	Remove
		MIAMI BEACH, FL 33139 EE	
			Add
			Remove
		· 29·	_
			□ Add
			Remove
			_
			□ Add
			_□ Remove

D. If an	nending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	ACINVESTMENT 1 LIC SHALL BE 50% BWNED BY
	AC: YG INVESTMENTS LIC AND 50% OWNED BY
	JULB PROPERTY MANAGEMENT, LIC
(The e	ctive date, if other than the date of filing: (optional)  ffective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after ate this document is filed by the Florida Department of State)
Date	d october 10th , 2014.
	Signalare of a member or authorized representative of a member
	LAURENT BENZAQUEN, JJ LB PROPERTY MANAGEMENT, LLC Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

SECRETARY OF STAFE
TALLAHASSIE, FLORID;