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(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
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Manie Chs

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COVER LETTER

Div	ision of Cor	porations			
SUBJECT:	ACQUISITION CONSULTANTS PROPERTY MANAGEMENT, LLC				
SOBJECT.		Name of Limi	ited Liability Company		
The enclosed	l Articles of a	Amendment and fee(s) are sub	mitted for filing.		
Please return	all correspon	ndence concerning this matter	to the following:		
		JONATHAN MOORE			
			Name of Person		
			Firm/Company		
		710 E COLONIAL DRIVE	:		
			Address		
		ORLANDO, FL 32803			
		jamoore@accommercial.cor	City/State and Zip Code n		
		E-mail address: (t	to be used for future annual report notif	ication)	
For further in	nformation co	oncerning this matter, please ca	dl:		
LORI LEE			321 800-2013 at ()		
	Name of	Person	Area Code Daytime	Telephone Number	
Enclosed is a	check for th	e following amount:			
\$25.00 F	iling 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

TO:

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

	de v
ed Liability Company)	<u>1.71</u>)
ny were filed on 6/17/2014	and assigned
ability company here:	
bility Company," the designation "LLC	" or the abbreviation "L.L.C."
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office address on our record <u>ere</u> :	s, <u>enter the name of the n</u>
Enter Florida street oddre	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
, F]	lorida = Zip Code
	ability company here: ability Company," the designation "LLa office address on our record ere: Enter Florida street addre

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 Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR =	Manager	
AMBR =	Authorized	Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			☐ Remove
			Change
			Add
			Remove
			Change
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Tect	ive date, if other than the date of filing: (optional)
an ett <u>ote:</u>	ective date is listed, the date must be specific and cannot be prior to date of tiling or more than 90 days after (tiling.) Pursuant to 605.01. If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed
ocum	ent's effective date on the Department of State's records.
	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier 90th day after the record is filed.
	December 7 2018
ated	
	M ///

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Typed or printed name of signee

Filing Fee: \$25.00