## 14000153688

(Re	equestor's Name)	
(Ad	ldress)	
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(Ci	ty/State/Zip/Phon	e #0
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PICK-UP	☐ WAIT	MAIL
(Bu	ısiness Entity Naı	me)
(Do	cument Number)	<u> </u>
Certified Copies	_ Certificate	s of Status
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SECRETARY OF STATE
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## **COVER LETTER**

Division of Co				
Adler Kav	va Acquisitions, LLC			
SUBJECT:	Name of Lin	nited Liability Company		
The enclosed Articles of	f Amendment and fee(s) are sub	omitted for filing.		
	ondence concerning this matter	_		
	John P Meyer			
		Name of Person		•
	Adler Real Estate Partners	s, LLC		
		Firm/Company		
	21500 Biscayne Blvd., Su	ite 700		
		Address	·	
	Miami, FL 33180			
		City/State and Zip Code	<u> </u>	
	Itoledo@adler-partners.com	to be used for future annual report not	(Cantian)	
For further information of	concerning this matter, please co	-	meadony	
John Meyer		305 392-4116 at ( )	OR 305	3924027
Name o	f Person		ne Telephone Number	<del></del>
Enclosed is a check for t	he following amount:			
□ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	■ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	te of Status &
MAH	INC ADDDESS.	STREET/COUR	IED ADDDESS.	

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

Adler Kawa Acqusitions, LLC		
( <u>Name of the Limited Liabilit</u> (A Florida	ty Company as it now appears on our records.) a Limited Liability Company)	
The Articles of Organization for this Limited Liability Conference of Organization for this Limited Liability Conference of Conf	ompany were filed on	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limi	ited liability company here:	
AREP Acquistions, IIC		
The new name must be distinguishable and contain the words "Limi	ited Liability Company," the designation "LLC" or the	e abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDR	PESS)	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or regist		er the name of the ne
egistered agent and/or the new registered office addr	<u>ress here</u> :	
Name of New Registered Agent:		<del></del>
New Registered Office Address:		29 29 S
	Enter Florida street address	B MA
	, Florida	S E Stp Code y-
Naw Dagistared Agent's Signature if shanging Degistered	•	70
New Registered Agent's Signature, if changing Registered		10 × 10
hereby accept the appointment as registered agent a		
provisions of all statutes relative to the proper and co accept the obligations of my position as registered ag		
peing filed to merely reflect a change in the registered		
ompany 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, enter the title, name, and address of each person being added or removed from our records:

$\dot{M}GR = M$ $AMBR = A$	lanager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
			□ Remove
			Change
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			□ Remove
			Change
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record specifies a delayed effective date, but not an effective	or more than 90 days after filing.) Pursuant to 6 illing requirements, this date will not be l
he 90th day after the record is filed.	
.00 1 7	
red March 7, Zo18.	
red Morch 7, Zo18.  Signature of a member or authorized representation.	tiva of a mambar

Page 3 of 3

Filing Fee: \$25.00