

L14000154054

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

DEC 16 2014  
J. BRUCE

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: ACRE 1001 LLC

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:

Sonya E. Marr

Name of Person

Taylor English Duma LLP

Firm/Company

1600 Parkwood Circle, SE, Suite 400

Address

Atlanta, GA 30339

City/State and Zip Code

smarr@taylorenchlish.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Sonya E. Marr

Name of Person

678 336-7254

Area Code

Daytime 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

CLERK OF SUPERIOR COURT  
TALLAHASSEE, FLORIDA

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**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

ACRE 1001 LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 10/2/2014 and assigned Florida document number L14000154054.

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 "L.L.C."

Enter new principal offices address, if applicable:

**(Principal office address MUST BE A STREET ADDRESS)**

1022 PARK STREET  
SUITE 307  
JACKSONVILLE, FL 32204

Enter new mailing address, if applicable:

**(Mailing address MAY BE A POST OFFICE BOX)**

1022 PARK STREET  
SUITE 307  
JACKSONVILLE, FL 32204

**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:

LESLIE S. MENKES

New Registered Office Address:

1022 PARK STREET SUITE 307  
Enter Florida street address  
JACKSONVILLE, Florida 32204  
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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	CHRISTOPHER WALKER	645 MAYPORT ROAD	<input type="checkbox"/> Add
		SUITE 5	<input checked="" type="checkbox"/> Remove
		ATLANTIC BEACH, FL 32233	
AMBR	LESLIE MENKES	1022 PARK ST	<input checked="" type="checkbox"/> Add
		SUITE 307	<input type="checkbox"/> Remove
		JACKSONVILLE, FL 32204	
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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 JEFFERSON COUNTY  
 MISSISSIPPI

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

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E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated

12/4/14

Signature of a member or authorized representative of a member

LESLIE MENDES

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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