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COVER LETTER

Division of Corp	porations
ACRE	E 1002 LLC
	Name of Limited Liability Company
The enclosed Articles of A	Amendment and fee(s) are submitted for filing.
Please return all correspon	ndence concerning this matter to the following:
	LESLIE S. MENKES
	Name of Person
	ACRE
	Firm/Company
	822 A1A NORTH, SUITE 310
	Address
	PONTE VEDRA, FL 32082
	City/State and Zip Code
	LES@ASIACAPITALREALESTATE.COM
	E-mail address: (to be used for future annual report notification)
For further information co	oncerning this matter, please call:
Sonya E.	Marr at (678) 336-7254 Ferson Area Code Daytime Telephone Number
Name of	Person Area Code Daytime Telephone Number
Enclosed is a check for th	e following amount:
\$25.00 Filing Fee	S30.00 Fixing fee & Certificate of Status Certificate of Status Certified Copy (additional copy is enclosed) S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

TO:

Registration Section

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

ACRE 1002 LLC			
(Name of the Lim	ited Liability Company as it now appears (A Florida Limited Liability Company)	on our records.)	
The Articles of Organization for this Limited I Florida document number L140001 54072	Liability Company were filed on	October 2, 2014	and assigned
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name	of the limited liability company he	<u>re</u> :	
The new name must be distinguishable and contain the	words "Limited Liubility Company," the de	signation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:		
(Principal office address MUST BE A STRE.	ET ADDRESS)		70 B
			FG & "11
	•		至2
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			200 CM 1
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			REFE S
B. If amending the registered agent and registered agent and/or the new registered of		our records, ente	r the mame of the nev
Name of New Registered Agent:	CT CORPORATION SYSTEM		
New Registered Office Address:	1200 SOUTH PINE ISLAND ROA	AD	
(1211 ISEBIRO, CO MINE 7 Ida (1999)	Enter Flori	da street address	
	PLANTATION	, Florida	33324
	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.

Froth Meaney Assi, Socretary

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:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	LESLIE MENKES	822 A1A NORTH	☐ Add
		SUITE 310-ACRE	■ Remove
		PONTE VEDRA, FL 32082	□ Change
AMBR	BLAKE OLAFSON	822 A1A NORTH	□ Add
		SUITE 310-ACRE	■ Remove
		PONTE VEDRA, FL 32082	□ Change
MGR	ASIA CAPITAL REAL ESTATE F	822 A1A NORTH	■ Add
		SUITE 310-ACRE	□ Remove
		PONTE VEDRA, FL 32082	□ Change
			Add
			Remove
			Change 15 AN 25 Remove SECFETARY OF STATE TALLAHASSEE, FLORID
			Add
			Remove ☐ Change

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ffective date, if other than an effective date is listed, the date ote: If the date inserted in this	must be specific and on the block does not me	cannot be prior to	o date of filing or more	than 90 days after f	iling.) Pursuant to (date will not be l	605.020 isted a
ocument's effective date on the	e Department of St	ate's records.				
e record specifies a dela	ved effective d	ate but not	an effective tim	a at 12:01 a	m on the es	rlier -
The 90th day after the	record is filed.	ace, Duc HUL		C, Gt 12.01 d.	OII GIE EAI	inei C
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	Signature of a m	ember or author	ized representative of	a member	TARY OF STARSSFE, FLO	IT
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Filing Fee: \$25.00