L14000175845

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phon	e #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	
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MAY 0 2 2017 S. YOUNG

COVER LETTER

SUBJECT: ACUCU	red Property	ited Liability Company	,LLC
The enclosed Articles of A	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspon	dence concerning this matter	to the following:	
,	palsera Ro	Name of Person	
	Advanced Propo	erty Engle prises,	LLC
	158 E 15	S+ Address	SECRETARY TALLAHAS
	Halean, Fl	33010	- SEE
	Vashid 1082 (E-mail address: (1	City/State and Zip Code City/State and Zip Code to be used for future annual report notifi	cation)
For further information co	ncerning this matter, please ca	all:	
hanging & Name of	ASNIC Person	at (<u>786)</u> <u>399 - 9</u> Area Code Daytime	Telephone Number
Enclosed is a check for the	e 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:

TO:

Registration Section Division of Corporations

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 C (A Florida Lin	Company as it now appears on our records.) mited Liability Company)
The Articles of Organization for this Limited Liability ComFlorida document number <u>LIY 000 175845</u> .	pany were filed on 213511 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited	I liability company here:
The new name must be distinguishable and contain the words "Limited	Liability Company," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRES	is)
	3 Co
Enter new mailing address, if applicable:	F. S.
(Mailing address MAY BE A POST OFFICE BOX)	
Name of New Registered Agent: New Registered Office Address: New Registered Office Address:	h Sang Rashid E 15 St Enter Florida street address 1 Cah , Florida 33010
	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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

	Authorized Member	A.J.J	7P a.P. A42
<u>Title</u>	<u>Name</u>	Address	Type of Action
<u></u>			Add
			Remove
			☐ Change
			Add
			Remove
			Change Add o
			□ Add 2
			☐ Remove
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ective date, if other than t	he date of filing:	(optional)
effective date is listed, the date i	nust be specific and cannot be prior to date of filing or more the block does not meet the applicable statutory filing required.	nan 90 days after filing.) Pursuant to 605.0207
	Department of State's records.	,
record specifies a delay he 90th day after the r	ed effective date, but not an effective time ecord is filed.	, at 12:01 a.m. on the earlier of
ed 4 28	, 2017.	
All to be		
Polhsay	Signature of a member or authorized representative of a	member

Page 3 of 3

Filing Fee: \$25.00