

#L15000000348

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

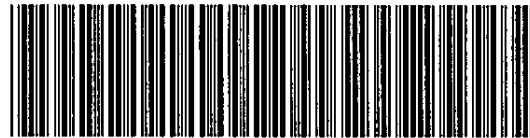
(Document Number)

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RECEIVED
15 MAY 12 4:10:00
TALLAHASSEE, FLORIDA
STATE OF FLORIDA
OFFICE OF REVENUE
INFORMATION SERVICES

FILED
2015 JUN 15 AM 11:00
TALLAHASSEE, FLORIDA
STATE OF FLORIDA
OFFICE OF REVENUE
INFORMATION SERVICES

K. SALY
EXAMINER
JUN 16 2015



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED

15 JUN 15 PM 3:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

May 26, 2015

GREGORY B. TAYLOR, P.A.
MARK THOMPSON
2192 WILTON DR.
WILTON MANORS, FL 33305

SUBJECT: ACF2112 LLC
Ref. Number: L15000000348

We have received your document for ACF2112 LLC, however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$25.00.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Karen A Saly
Regulatory Specialist II

Letter Number: 615A00011008

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ACF2112 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:

MARK THOMPSON

Name of Person

Gregory B. Taylor, P.A.

Firm/Company

2192 Wilton Drive

Address

Wilton Manors, FL 33305

City/State and Zip Code

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

For further information concerning this matter, please call:

MARK THOMPSON

Name of Person

at (954) 556-5021

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

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

ACF 2112 LLC

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

FILED
2015 JUN 15 AM 11:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 1/2/2015 and assigned
Florida document number 215000000348.

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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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:

New Registered Office Address:

Enter Florida street address

_____, Florida _____
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>
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<u>MGR</u>	<u>Anne Fable</u>	<u>1020 Stillwater Drive</u>	☒ Add
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		<u>Miami Beach, FL 33141</u>	☐ Remove
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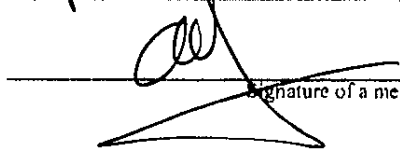
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2015 APR 15 PM 11:00
CLERK OF DISTRICT COURT
FALLS CHURCH, VA

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

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 April 23, 2015.



Signature of a member or authorized representative of a member

Typed or printed name of signee

FILED
2015 JUN 15 AM 11:00
CLERK OF STATE
TALLAHASSEE, FL 32301