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(Re	questor's Name)	<u> </u>
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COVER LETTER

Division of Corp	orations	•	
SAINT-JEAN SUBJECT:	N-D'ACRE LLC		
30bJEC1	Name of Limi	ited Liability Company	
The enclosed Articles of A	mendment and fee(s) are sub-	mitted for filing.	
Please return all correspond	dence concerning this matter	to the following:	
	JEFFREY C WEINSTEIN	. ESQ	
		Name of Person	
	MITTENTHAL WEINSTE	EIN LLP	
		Firm/Company	
	3100 S FEDERAL HIGHW	VAY, SUITE B	
		Address	
	DELRAY BEACH, FL 334	483	
		City/State and Zip Code	 -
	WEINSTEIN@MW-ATTO		
	E-mail address; (t	o be used for future annual report not	(ification)
For further information cor	ncerning this matter, please ca	ill:	
JEFFREY C WEINSTEIN		561 862-0955	
Name of I	Person	at () Area Code Daytir	ne 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

TO:

Registration Section

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 Company as it now appears of (A Florida Limited Liability Company)	on our records.)
he Articles of Organization for this Limited Liability Company were filed on $\frac{2/17/2}{1000000000000000000000000000000000000$	2015 and assigned
is amendment is submitted to amend the following:	
If amending name, enter the new name of the limited liability company here	:
e new name must be distinguishable and contain the words "Limited Liability Company," the desi	gnotion "LLC" or the abbreviation "LLC"
	σ
rincipal office address MUST BE A STREET ADDRESS)	5 100
uncipal office address MOST BE A STREET ADDRESS	
	
Annual multime address of suplicular	1
ter new mailing address, if applicable:	
ailing address MAY BE A POST OFFICE BOX)	
	- -
If amending the registered agent and/or registered office address on o gistered agent and/or the new registered office address here:	our records, enter the name of the
astered agent and/or the new registered office address here:	
Name of New Registered Agent:	
New Registered Office Address:	
Enter Florida	i street address

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.

City

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
MGR	Sparing Partners inc.	160 W Camino Real	
		Suite 285	■ Remove
		Boca Raton, FL 33432	Change
MGR	Mathias Court	160 W Camino Real	Add
		Suite 286	☐ Remove
		Boca Raton, Fl 33432	Change
			Add
			Remove
			☐ Change
			☐ Remove
			Change
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fective date, if other than th an effective date is listed, the date m	ust be specific and cannot be prior:	to date of filing or m	ore than 90 days after f	iling.) Pursuant to 60	05.0 2 0
ote: If the date inserted in this becument's effective date on the l		ible statutory filing	g requirements, this	date will not be lis	sted a
erecord specifies a delaye The 90th day after the re		t an effective t	ime, at 12:01 a.	m. on the earl	lier d
June 13th	2018				
ated		_·			
	Signature of a member or autho	<i>V</i>	<u> </u>		

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00