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## **COVER LETTER**

Division of Corp			
SUBJECT: ACACIA	TAMPA IIC		
SUBJECT: NONOIP	Name of Limi	ited Liability Company	
The enclosed Articles of z	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspon	ndence concerning this matter	to the following:	
	JEFFREY KAPLAN		
		Name of Person	
		Firm/Company	
	12417 Hidden Brook		<u></u>
	T. 51 00004	Address	
	Tampa, FL 33624	C':-(C	<u>-</u>
	JRKProperty1@gma	City/State and Zip Code	
		to be used for future annual report notif	ication)
For further information c	oncerning this matter, please co	alt:	
JEFFREY KAPLAN	l	at ( 813 ) 789-4713	
Name o	f Person	Area Code Daytime	Telephone Number
Enclosed is a check for the	ne 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)
Registr Divisie	ING ADDRESS: ration Section on of Corporations ox 6327	STREET/COURI Registration Section Division of Corpor Clifton Building	n
	issee, FL 32314	2661 Executive Ce	nter Circle

Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

AÇACIA TAMPA, LLC		
(Name of the Limited Liabilit (A Florida	y Company as it now appears on our records.) Limited Liability Company)	
The Articles of Organization for this Limited Liability Co	ompany were filed on	and assigned
Florida document number	<u>_</u> ·	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limi	ited liability company here:	
The new name must be distinguishable and contain the words "Limi	ited Liability Company," the designation "LLC" or the abb	reviation "L.L.C."
Enter new principal offices address, if applicable:		<b></b>
(Principal office address MUST BE A STREET ADDR	RESS)	<u>2</u>
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
		<u> </u>
B. If amending the registered agent and/or regis registered agent and/or the new registered office add		he name of the nev
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	. Florida	
<del></del> -	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:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	JEFFREY KAPLAN	12417 Hidden Brook Drive, Tampa, FL 3362	<u>24_</u> <b>⊠</b> Add
			☐ Remove
			Change
JEFFREY KAPLAN  Authorized Representative		tive	O Add
		12417 Hidden Brook Drive, Tampa, FL 3362	<u>?4</u> ⊠ Remove
		Change	
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(If an e Note:	tive date, if other than the date of filing:  (optional)  ffective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursual If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not ment's effective date on the Department of State's records.		
	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the e 90th day after the record is filed.	e earlier	of:

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00