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(Requestor's Name)							
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(City/State/Zip/Phone #)							
PICK-UP WAIT MAIL							
(Business Entity Name)							
(Document Number)							
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SECRETARY OF STATE TALLAHASSEE. FLORIDA

COVER LETTER

	Registration Se Division of Cor			
SUBJEC	Ackman Ri	les, LLC		
SUBJEC	,1: <u>_</u>	Name of Lim	ited Liability Company	
The encl	osed Articles of	Amendment and fee(s) are sub	mitted for filing.	
P lease re	turn all correspo	ndence concerning this matter	to the following:	
		Michael Riles		
			Name of Person	
			Firm/Company	<u> </u>
		818 Alameda Street		
		Orlando, FL 32804	Address	
		 	City/State and Zip Code	
r c t	· · · · · · · · · · · · · · · · · · ·		to be used for future annual repo	ort notification)
Michael		oncerning this matter, please ca		2~1·1 - 2
	Name o	f Person	at (<u>321</u>) Area Code I	277 -0359 Daytime Telephone Number
Enclosed	I is a check for th	ne following amount:		
\$25.0	00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed	□ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed
	Registr Divisio P.O. Bo	ING ADDRESS: ation Section in of Corporations ox 6327 assee, FL 32314	Registration Division of C Clifton Build	Corporations ling ive Center Circle

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

Ackman Riles	446
(Name of the Limited Liability Compar (A Florida Limited I.	ny av it now appears on our records.) iability Company)
The Articles of Organization for this Limited Liability Company Florida document numberL15000163211	were filed on $\frac{9/20/7015}{}$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabi	lity company here:
The new name must be distinguishable and contain the words "Limited Liabili	ty Company," the designation "L.C." or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	8 ELARE
(Principal office address MUST BE A STREET ADDRESS)	AR HE
	11-E 8-SE 7
	P MOL
Enter new mailing address, if applicable:	7: CP
(Mailing address MAY BE A POST OFFICE BOX)	0 O O
B. If amending the registered agent and/or registered off 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 agre provisions of all statutes relative to the proper and complete paccept the obligations of my position as registered agent as public being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, and I am familiar with and rovided for in Chapter 605, F.S. Or, if this document is

Page 1 of 3

If Changing Begistered 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> <u>Address</u> **Type of Action** Gregory L Peters Irrevocable Trust 13317 Bellaria Circle MBR _D Add Windermere, Florida 34786 Remove ☐ Change □ Add _□ Remove ☐ Change □ Add ☐ Remove ☐ Change □ Add ☐ Remove ☐ Change □ Add ☐ Remove ☐ Change □ Add □ Remove _ Change

									
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ctive effecti	date, if other than we date is listed, the date	the date of fi must be specific	ling: and cannot be	e prior to date	of filing or r	nore than 90 day	(optional) s after filing.) Pursuant to 605	.02
<u>e:</u> If t	he date inserted in thi 's effective date on th	s block does no	ot meet the a	applicable st	atutory filir	ig requiremen	ts, this date	will not be liste	∌d a
	d specifies a dela Oth day after the			it not an e	effective	time, at 12	:01 a.m.	on the earlie	er
:d	2/27		2018						
-	4/1	Me		j					
		Signature o	l'a member o	r authorized r	epresentativo	of a member	· · · ·		
	Michael Riles								
			Typed or	printed name	of signee				

Page 3 of 3

Filing Fee: \$25.00