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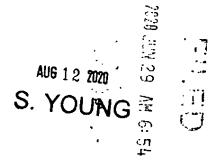
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COVER LETTER

	istration Sec ision of Corp			
SUBJECT:	LIVABLE P	ROPERTIES, LLC	**************************************	
SOBJECT.		Name of Limi	ted Liability Company	
The enclosed	Articles of A	mendment and fee(s) are sub-	mitted for filing.	
Please return	all correspon	dence concerning this matter	to the following:	
		BERNARD A POIRIER, C	СРА	
			Name of Person	-
		PPA, LLP		
			Firm/Company	
		469 CENTERVILLE ROA	D, SUITE 203	
			Address	
		WARWICK, RI 02886		
			City/State and Zip Code	
		payroll@ppallp.com		
		E-mail address: (t	o be used for future annual report	notification)
For further in	iformation coi	ncerning this matter, please ca	ll:	
BERNARD	A POIRIER,	СРА	401 738-0010)
	Name of I	Person		rtime Telephone Number
Enclosed is a	check for the	following amount:		
□ \$25.00 F	iling 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

Street Address: Registration Section Division of Corporations The Centre of Tallahassee

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LIVABLE PROPERTIES, LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on January 7, 2016 Florida document number L16000005832 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: ACADIA CAPITAL LLC The new name must be distinguishable and contain 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

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
			□Add
			□Remove
			□Change
			□Add
			☐Remove
			□Change
		 	□Add
			□Remove
			□Add
			□Remove
			☐ Change
			
			Remove
			Change
			□ Add
			□Change

Effective date, if other than the date of filing: (optional)		
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