

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 617-6383

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Account Name : M. BURR KEIM COMPANY
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****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

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**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
ACORN TO OAKTREE INVESTMENTS, LLC**

Certificate of Status	0
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8/5/2016 9:54:26 AM PAGE 1/001 Fax Server 002



August 5, 2016

FLORIDA DEPARTMENT OF STATE
Division of Corporations

ACORN TO OAKTREE INVESTMENTS, LLC
996 SANDY RIDE RD
DOYLESTOWN, PA 18901

SUBJECT: ACORN TO OAKTREE INVESTMENTS, LLC
REF: L16000138964

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

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.

Jenna D Harris
Regulatory Specialist II

FAX Aud. #: H16000189766
Letter Number: 816A00016486

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**STATEMENT OF CORRECTION
FOR
FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY**

Pursuant to section 605.0209, F.S., this document is being submitted to correct a previously filed document.

FIRST: The name of the limited liability company is: Acorn to Oaktree Investments, LLC

SECOND: The Florida Document number of the limited liability company is: L16000138964

THIRD: Document to be corrected is: Articles of Organization

(CHECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STATEMENT)

- ☒ Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected statement are as follows:

See attached Rider

OR

- ☐ Was defectively signed. The manner in which the document was defectively signed and the appropriate correction are as follows:

OR

- ☐ The electronic transmission of the record was defective.

Angela M. Villar 5/1/2016
Signature of Authorized Representative Date

Signature of new registered agent, if applicable: (NOTE: if correcting the registered agent, the new registered agent must sign accepting the designation).

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.

Registered Agent's Signature

Filing Fee: \$25.00
Certified Copy: \$30.00 (optional)

RIDER TO THE STATEMENT OF CORRECTION

of

Acorn to Oaktree Investments, LLC

The incorrect statements, the reason the statement is incorrect and the corrected statements are as follows:

Articles II and IV have the address stated incorrectly. The corrected articles follow.

ARTICLE II - Address:

Principal Office Address:

996 Sandy Ridge Road
Doylestown, PA 18901

Mailing Address:

996 Sandy Ridge Road
Doylestown, PA 18901

ARTICLE IV - Name and address of each person authorized to manage and control the Limited Liability Company:

AMBR

Madeline Villa
996 Sandy Ridge Road
Doylestown, PA 18901

AMBR

Angela Velez
3 Lynn Ct.
Voorhees, NJ 08043

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