

U8000079761

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

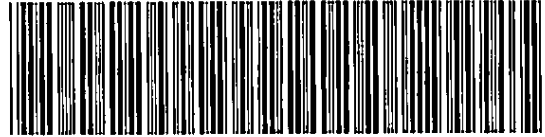
(Business Entity Name)

(Document Number)

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2016 JUN -5 PM 2:57
CLERK OF COURT
TALLAHASSEE, FLORIDA

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: ACN PROPERTIES LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

LOU ANN COMO

Name of Person

ACN PROPERTIES LLC

Firm/Company

29 DARTMOUTH RD

Address

SHOREHAM, NY 11786

City/State and Zip Code

LOUANN.COMO@ELLIMAN.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

LOU ANN COMO

631

849-3669

at (_____) _____

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee & Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | <input type="checkbox"/> \$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

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**

ACN 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 MARCH 28, 2018 and assigned
Florida document number L18000079761.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

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:

29 DARTMOUTH RD

(Principal office address MUST BE A STREET ADDRESS)

SHOREHAM, NY 11786

Enter new mailing address, if applicable:

29 DARTMOUTH RD

(Mailing address MAY BE A POST OFFICE BOX)

SHOREHAM, NY 11786

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

City, Florida
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

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2018 JUN -5 PM 5:51
CLERK OF CIRCUIT COURT
TALLAHASSEE, FLORIDA

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> | <u>Type of Action</u> |
|--------------|-----------------------------|-------------------------|--|
| MGMR | CHET FINKBEINER | 3505 Veterans Hwy Ste D | <input type="checkbox"/> Add |
| | | Ronkonkoma, NY 11779 | <input checked="" type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| MGMR | Land & Property Choices LLC | 29 Dartmouth Rd | <input checked="" type="checkbox"/> Add |
| | | Shoreham, NY 11786 | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| | | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
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SOUTH DEPT OF CORRE
TALLAHASSEE, FLORIDA

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JUN -5 PM 2:57
FALL A. HASSLER, FLORIDA

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated June 4, 2018

2010



CHET FINKBEINER

Typed or printed name of signee