

H220001367553

Florida Department of State
 Division of Corporations
 Electronic Filing Cover Sheet

L19000211481

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

From: Account Name : SERBER & ASSOCIATES, P.A.
 Account Number : I20000000083
 Phone : (305)932-6262
 Fax Number : (305)933-9393

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: INFO@SerberLawfirm.com

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
 ACACIA FINANCE LLC**

Certificate of Status	0
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Page Count	01
Estimated Charge	\$25.00

2022 APR 15 AM 11:35

2022 APR 15 PM 4:52
 FILED

APPROVED
 AND
 FILED

482 000 1567 331

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

ACACIA FINANCE 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 08/19/2019 and assigned
Florida document number L19000211481.

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 end with 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

_____, Florida

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

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2022 APR 15 PM 1:52
CLERK OF CIRCUIT COURT
IN AND FOR THE COUNTY OF
DADE, FLORIDA

Handwritten notes at the top right of the page.

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

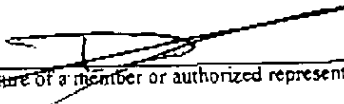
MGR = Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Victorio Monteverde	2875 NE 191st. Street, Suite 801	<input type="checkbox"/> Add
		Aventura, FL 33180	<input checked="" type="checkbox"/> Remove
MGR	Melboid Capital, LLC	2875 NE 191st. Street, Suite 801	<input checked="" type="checkbox"/> Add
		Aventura, FL 33180	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

E. Effective date, if other than the date of filing: _____ (optional)
(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated April 14, 2022



Signature of a member or authorized representative of a member
Daniel J Serber

Typed or printed name of signee