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SUBJECT:		ATEE AVE E LLC	* * * * * * * * * * * * * * * * * * * *			
SOBJECT.		Name of Lin	nited Liability Company			
The enclose	d Articles of	Amendment and fee(s) are sub	omitted for filing.			
Please retur	n all correspo	ondence concerning this matter	to the following:			
		PETER MERRIFIELD				
		·	Name of Person			
			Firm/Company			
	2101 3RD AVE S #6					
			Address			
	ST PETERSBURG, FL 337'1					
			City/State and Zip Code			
		PMERRIFIELD@ACSI-U				
For further i	nformation c	oncerning this matter, please c	to be used for future annual report no all:	unication)		
PETER ME	RRIFIELD		727 822-3000			
-	Name o	f Person	Area Code Dayti	me Telephone Number		
Enclosed is	a check for th	ne following amount:				
■ \$25.00	Filing Fee	S30.00 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)		
	iling Addres		Street Address:	action		
Registration Section Division of Corporations		Registration Section Division of Corporations				
	D. Box 632		The Centre of			
Ta	Hahassee, I	FL 32314	2415 N. Monro	oe Street, Suite 810		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

The Articles of Organization for this Limited Liability Company were filed on OCTOBER 9, 2019 and assigned
Florida document number L19000254744

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 "LLC."

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:

New Registered Agent's Signature, if changing Registered Agent:

Name of New Registered Agent:

New Registered Office Address:

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

Enter Florida street address

__. Florida ___

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	ACS PROPERTIES, INC	4417 4874 AVE 5 87. PETENSBURG, FC 3374	🗆 Add
		St. Perensburg, FC 3374	■ Remove
		ST. PERENSBURG, FC 33711	■ Change
MGR	ACS PROPERTIES, INC	ST. PERENSBURG, FL 33711	
			□Remove
			□Change
			□Add
			□Remove
			□ Change
			🗀 Add
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Effective date, if other than the off an effective date is listed, the date must Note: If the date inserted in this bloodocument's effective date on the Dep	ck does not meet the appli	icable statutory filing requ	(optional) an 90 days after filing.) Pursuar airements, this date will not	n to 605.0207 (be listed as t
e record specifies a delayed effective rd is filed.	date, but not an effective	time, at 12:01 a.m. on the	e earlier of: (b) The 90th d	ay after the
Dated	2019	<u> </u>	7	
Zaicu				
	12)	

Typed or printed name of signee