

L2100003861b

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

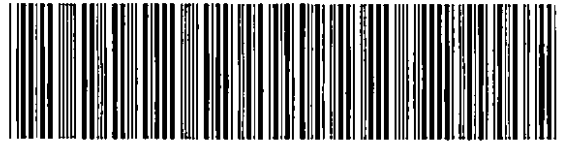
(Business Entity Name)

(Document Number)

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2024 AUG -2 AM 11: 08
TALLAHASSEE, FLORIDA

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2024 AUG -2 PM 4: 18
DIVISION OF
TALLAHASSEE, FLORIDA



115 N CALHOUN ST., STE. 4
 TALLAHASSEE, FL 32301
 P: 866.625.0838
 F: 866.625.0839
 COGENCYGLOBAL.COM

Account#: I20000000088
 If there are any issues
 please contact Patrice at
 850-202-9071

Date: 08/02/2024

Name: Patrice Rush

Reference #: 2460959

Entity Name: ISABELA ACRUVA MEMBER, LLC

- Articles of Incorporation/Authorization to Transact Business
- Amendment
- Change of Agent
- Reinstatement
- Conversion
- Merger
- Dissolution/Withdrawal
- Fictitious Name
- Other _____

Authorized Amount: \$25.00

Signature: 

📍CORPORATE HQ
 COGENCY GLOBAL INC.
 10 E 40TH ST, 10TH FL
 NY, NY 10016
 D: +1.212.947.7200
 P: 800.221.0102
 F: 800.944.6607

📍EUROPEAN HQ
 COGENCY GLOBAL (UK) LIMITED
 REGISTERED IN ENGLAND & WALES,
 REGISTRY #8010712
 6 LLOYDS AVE, UNIT 4CL
 LONDON EC3N 3AX
 +44 (0)20.3961.3080

📍ASIA PACIFIC HQ
 COGENCY GLOBAL (HK) LIMITED
 A HONG KONG LIMITED COMPANY
 UNIT B, 1/F, LIPPO LEIGHTON TOWER
 103 LEIGHTON RD, CAUSEWAY BAY
 HONG KONG
 P: +852.2682.9633
 F: +852.2682.9790

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Isabela ACRUVA Member, 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:

Daniel Acosta

Name of Person

ACRUVA Portfolio, LLC

Firm/Company

806 S. Military Trail

Address

Deerfield Beach, FL 33442

City/State and Zip Code

entities@alliantcapital.com

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

For further information concerning this matter, please call:

Jim Villarreal

818 449-5824

at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

\$25.00 Filing 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
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

FILED

2024 AUG -2 AM 11:08

Isabela ACRUVA Member, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on February 4, 2021 and assigned Florida document number 1.21000038616.

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: _____

(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

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>
MGR	ACRUVA Capital Partners II, LLC	806 S. Military Trail	<input type="checkbox"/> Add
		Deerfield Beach, FL 33442	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	ACRUVA Portfolio, LLC	806 S. Military Trail	<input checked="" type="checkbox"/> Add
		Deerfield Beach, FL 33442	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

Blank lined area for amending information.

2024 AUG -2 AM 11:09
TALLAHASSEE, FLORIDA

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

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

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.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated October 15

2021

Signature of a member or authorized representative of a member

Daniel F. Acosta, President of ACRUVA Capital Partners II, LLC, the sole Member of ACRUVA Portfolio, LLC, the Manager and sole Member of Isabela ACRUVA Member, LLC

Typed or printed name of signee

Filing Fee: \$25.00