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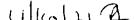
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COVER LETTER

Registration Section

Tallahassee, FL 32314

TO:

Division of Cor	porations		
Acacia Inve SUBJECT:	estors LLC		
SUBJECT:	Name of Lim	ited Liability Company	
···			
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Joseph Maenza		
		Name of Person	
	Acacia Investors LLC		Section Section Section Section Section Sime Telephone Number Section Section
		Firm/Company	
	78 SW 7 Street, Stc. 500		
		Address	
	Miami, FL 33130		
		City/State and Zip Code	
	riquea305@gmail.com		
		to be used for future annual report no	otification)
For further information c	oncerning this matter, please ca	au:	
Rique Alonso		305 610-9448 at (
Name o	f Person	Area Code Dayti	me Telephone Number
Enclosed is a check for the	ne following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy
Mailing Addres		Street Address:	.•
Registration S Division of C		Registration S	
P.O. Box 632		The Centre of	-

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Acacia Investors 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 1-22-21	and assigned
Florida document number L21000043703	
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)	
Contain and the state of the Branch Land	
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, <u>enter the agent and/or the new registered office address here</u> :	name of the new registe
	73
Name of New Registered Agent:	<u> </u>
New Registered Office Address:	• 1
Enter Florida street address	
, Floric	ia Zip Code
City	Zib Code
ew 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 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>	Address	Type of Action
AMBR	Michael Wojnicki	78 SW 7 Street, Stc. 500, Miami, FL 33130	■Add
			□Remove
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			□Add
			□Remove
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			Change

Signature of a membrase authorized representative of a member Joseph Maenza					
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