L21000366240

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Florida Department of State
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To:
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From:
Account Name : LIPPES MATHIAS WEXLER FRIEDMAN LLP
Account Number : I20190000014
Phone : (904)660-0020
Fax Number : (904)660-0029

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

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ACC PROJECT LONGLEAF LLC

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ACC PROJECT LONGLEAF LLC
Name of Limited Liability Company

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TALLAHASSEE, FLORIDA

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

Please return all correspondence concerning this matter to the following:

JENI VARKEY
Name of Person

LIPPES MATHIAS WEXLER FRIEDMAN LLP
Firm/Company

10151 DEERWOOD PARK BLVD., BLDG 300, STE.300
Address

JACKSONVILLE, FL 32256
City/State and Zip Code

JVARKEY@LIPPES.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JENI VARKEY at (904) 660-0020
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

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ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

ACC PROJECT LONGLEAF 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 08/16/2021 and assigned Florida document number L21000366240.

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 register 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 th 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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If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being ad or removed from our records:

MGR = Manager
AMBR = Authorized Member

Title	Name	Address	Type of Action
MGR	ANCIENT CITY CAPITAL LLC	360 OCEAN CAY BLVD	☐Add
		SAINT AUGUSTINE, FL 32080	☒Remove
			☐Change
MGR	ANDREW LINN	10151 DEERWOOD PARK BLVD	☒Add
		BLDG 300, STE 300	☐Remove
		JACKSONVILLE, FL 32256	☐Change
MGR	ANTHONY HICKS	10151 DEERWOOD PARK BLVD	☒Add
		BLDG 300, STE 300	☐Remove
		JACKSONVILLE, FL 32256	☐Change
			☐Add
			☐Remove
			☐Change
			☐Add
			☐Remove
			☐Change
			☐Add
			☐Remove
			☐Change

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

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TALLAHASSEE, FLORIDA

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)(

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 SEPTEMBER 07, 2021

Signature of a member or authorized representative of a member

CHRISTOPHER WALKER

Typed or printed name of signee