

L22000563594

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

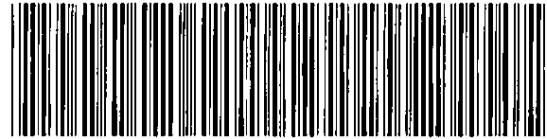
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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09/19/24--01024--011 **30.00

2024 OCT -4 PM 12: 11
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 21, 2024

ALICIA RUTLAND
1414 TOWNSEND BLVD
JACKSONVILLE, FL 32211

SUBJECT: ACRE HOLDINGS LLC OF FLORIDA
Ref. Number: L22000363594

We have received your document for ACRE HOLDINGS LLC OF FLORIDA and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

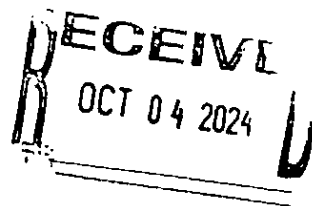
Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6000.

RUSSELL L HUNT
Regulatory Specialist III

Letter Number: 724A00018745



**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

FILED

ACRE HOLDINGS LLC OF FLORIDA

2024 OCT -4 PM 12: 11

(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 08/18/2022 and assigned Florida document number L22000363594.

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>
AMBR	ANDREW J BROWN	2013 GREENBRIAR TERRACE	<input type="checkbox"/> Add
		DAVENPORT, FL 33837	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	ACRE HOLDINGS LLC	190 RED BUD STREET	<input type="checkbox"/> Add
		BLAKELY, GA 39823	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	BROWNLAND LEGACY PRIVA'	6999 Merrill Road 2-184	<input checked="" type="checkbox"/> Add
		JACKSONVILLE, FL 32277	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	ALICIA RUTLAND	2803 HOLLY POINT DR	<input type="checkbox"/> Add
		JACKSONVILLE, FL 32277	<input checked="" 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.)

Full name of the MGR that is being added is BROWNLAND LEGACY PRIVATE FAMILY TRUST

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2024 OCT -4 PM 12:11
TALLAHASSEE, FLORIDA

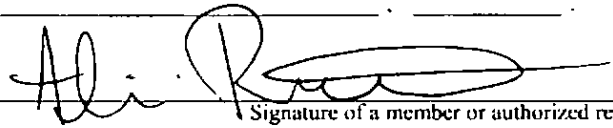
E. Effective date, if other than the date of filing: _____ (optional)

(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)(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 May 18 2024



Signature of a member or authorized representative of a member

Alicia Rutland

Typed or printed name of signee