L22000391068

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COVER LETTER

Tallahassee, FL 32314

	egistration Section Section of Corp					
CUD IECT	Acre Events	s, LLC				
SUBJECT:Name of Limited Liability Company						
The enclos	sed Articles of	Amendment and fee(s) are sub	unitted for filing.			
		ndence concerning this matter	_			
		Sonia Lowe, Paralegal				
			Name of Person			
		Baker & Hostetler LLP				
Firm/Company						
		200 Civic Center Drive, St	site 1200			
Address						
		Columbus, Ohio 43215				
		<u>-</u>	City/State and Zip Code			
		yvette@eightkinvestments.		· · · · · · · · · · · · · · · · · · ·		
			to be used for future annual report notif	ncation)		
For further	miormation co	oncerning this matter, please c	all:			
Sonia Lowe, Paralegal		614 598-3033 at(
	Name of	Person	Area Code Daytime	e Telephone Number		
Enclosed is	s a check for th	e following amount:				
□ \$25.00) Filing Fee	☐ \$30,00 Filing Fee & Certificate of Status	S55,00 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		<u>Street Address:</u> Registration Sec	ction			
Division of Corporations		Division of Corporations				
P.O. Box 6327		The Centre of T	allahassee			

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Acre Events, LLC	
(Name of the Limited Liability Company as it no (A Florida Limited Liability Co	ow appears on our records.) ompany)
The Articles of Organization for this Limited Liability Company were file	ed on 09/09/2022 and assigned
lorida document number L22000391068	
his amendment is submitted to amend the following:	
. If amending name, enter the new name of the limited liability com	pany here:
The Acre Orlando 4421, LLC	
he new name must be distinguishable and contain the words "Limited Liability Compa	ny," the designation "LLC" or the abbreviation LLC."
Enter new principal offices address, if applicable:	in in
Principal office address MUST BE A STREET ADDRESS)	<u> </u>
Enter new mailing address, if applicable:	: : : : : : : : : : : : : : : : : : :
Mailing address MAY BE A POST OFFICE BOX)	- 10
B. If amending the registered agent and/or registered office address o	on our records, enter the name of the new registo
gent and/or the new registered office address here:	
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida
Cin	

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>	Address	Type of Action
			🗆 Add
			□Remove
			□Change
	 		□Add
			□Remove
			□Change
			□ Rепюче
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) 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. Pebruary 13 2024 /s/ Keith Mawardi Signature of a member or authorized representative of a member Keith Mawardi Typed or printed name of signee

Filing Fee: \$25.00