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(Re	equestor's Name)	
(Ac	ldress)	
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PICK-UP	TIAW [MAIL
(Bu	usiness Entity Name)
(Dc	ocument Number)	
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Certified Copies	_ Certificates o	f Status
Special Instructions to	Filing Officer:	
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Office Use Only



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COVER LETTER

TO:

Registration Section

Division of Co	rporations		
SUBJECT:	52T	All Floors U	
	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	<u> </u>	EVEN B 500+	<u> </u>
		SET All Floor	os UC
	383	34 Warren Ri	idge X RECR
	<u>5000</u>	City/State and Zip Code	SECRE JANGE SECRE JANGE 32 SECRE JANGE SE
	Steven E-mail address: (to be used for future annual report notif	st net
For further information c	concerning this matter, please c	all:	32
Stever Name o	of Person	at (708) 473 Area Code Daytimo	3 · 8 8 60 Telephone Number
Enclosed is a check for t	he 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)
<u>Mailing Addres</u> Registration Division of C	Section	Street Address: Registration Sec Division of Corp	
P.O. Box 632 Tallahassee,	27	The Centre of T	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

587	All Floors LLC
(<u>Name of the Limited Liabili</u> (A Florid	ty Company as it now appears on our records.) a Limited Liability Company)
The Articles of Organization for this Limited Liability C Florida document number <u>LA3000 \130 \60</u>	· · ·
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the lim	ited liability company here:
The new name must be distinguishable and contain the words "Lin	nited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	ACRE OCC.
(Principal office address MUST BE A STREET ADDI	RESS)
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	10.32 15.22
B.) If amending the registered agent and/or registered agent and/or the new registered office address here:	d office address on our records, <u>enter the name of the new registered</u>
Name of New Registered Agent:	Steven B Scott
New Registered Office Address:	3834 Warren Ridge St.
	SUVOSOTA, Florida 34233

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>	Type of Action
MGR -	Steven B Scott	3834 Warren Ridge St.	
		Xruen A Scott	
			□Change
AMBR	Hosen A Scott	3834 Warren Ridge St. Sarasota, Fl. 34233	X IV99
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			Add
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record specifie is filed.	s a delayed effective	e date, but no	t an effective t	ime, at 12:0	1 a.m. on the	earlier of: (b)	The 901	ih day afti	er the
ated	0.2-		2003	<u>.</u> .					
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2		Signature of a	member or auth	orized repres	entative of a m	ember			