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COVER LETTER

TO: Registration Se Division of Cor					
SURINGE ACA	Property Lei	Hals LLC			
306/ECT: <u>/////</u>	Name of Lim	ited Liability Company			
The enclosed Articles of	ACA froperty Lends LLC Name of Limited Eiability Company enclosed Articles of Amendment and fee(s) are submitted for filing. see return all correspondence concerning this matter to the following: Avery Angle Name of Person Firm/Company Mo Forest Gate Circle Address Haines Cty FL 3 3844 City/State and Zip Code 990918 1735 @ gmail- Com Engal address (to be used for future durual report notification)				
	Ave	ry Angle			
		Name of Person			
		Firn/Company	Daytime Telephone Number Daytime Telephone Number Solono Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		
	1210 Forest	dment and fee(s) are submitted for filing. The concerning this matter to the following: Avery Angle Name of Person Firm/Company Mo Forest Gate Circle Address Haines Cty Ft 33844 City/State and Zip Code 9999 1735 D gmail. Com E-mail address: (to be used for future annual report notification) ming this matter, please call: Area Code Daytime Telephone Number S30.00 Filing Fee & Certified Copy (additional copy is enclosed) Street Address: Registration Section			
	Haines				
	ago a a				
	E-mail address: (to be used for future annual report notif	fication)		
For further information e	oncerning this matter, please co	all:			
N'ama	f Person	at ()	e Telephone Number		
Name o	retson	Area Code Dayona	retephone value		
Enclosed is a check for th	ne following amount:				
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	Certified Copy	Certificate of Status & Certified Copy		
Mailing Address			ction		
Registration : Division of C					
P.O. Box 632	.7	The Centre of T			
Tallahassee,	FL 32314	2415 N. Monro	e Street, Suite 810		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Compa (A Florida Limited	inv as it now appears on or	ir recor <u>ds.</u>)				
The Articles of Organization for this Limited Liability Company Florida document number <u>L 23 000 297 294</u>	were filed on $6/2$	and assigned				
lorida document number L 23 000 297 294	,	,				
his amendment is submitted to amend the following:						
. If amending name, enter the new name of the limited liab						
ACA Property Invest LLC he new name must be distinguishable and contain the words "Limited Liabi						
he new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designat	ion "L.L.C" or the abbreviation "L.L.C."				
Inter new principal offices address, if applicable:		1024				
Principal office address MUST BE A STREET ADDRESS)		TT- ALCO				
The part of the same and the sa		28				
						
Enter new mailing address, if applicable:	 					
Mailing address MAY BE A POST OFFICE BOX)		- - - -				
3. If amending the registered agent and/or registered office	address on our record	s enter the name of the new regis				
gent and/or the new registered office address here:	address on our record	st enter the name of the new regis				
Name of New Registered Agent:						
New Registered Office Address:	Enter Florida stre	eet address				
	City	Florida Zip Code				
ew Registered Agent's Signature, if changing Registered Agent	•	·				
hereby accept the appointment as registered agent and ago provisions of all statutes relative to the proper and complete	ree to act in this capac 2 performance of my d	rty. I further agree to compty will uties, and I am familiar with and				
rovisions of an standes returne to the proper and complete eccept the obligations of my position as registered agent as	provided for in Chapt	er 605, F.S. Or, if this document				
eing filed to merely reflect a change in the registered office	address, I hereby cor	ifirm 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
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an effecti <u>ote:</u> If t	date, if other ve date is listed the date insert is effective d	l, the date ted in thi	must be spec s block doe	ific and c s not me	annot be et the ap	prior to dat pplicable :	te of filing statutory	g or more that filing requ	n 90 da iremer	(option ys after fil its, this d	ling.) Pursi	uant to 605.0207 not be fisted as
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ated	Avgv ——	18] [26-14	 N	200	24.						
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