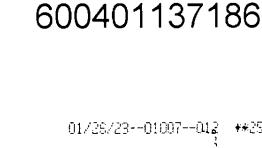
## L19 000 268 707

(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
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(Business Entity Name)
(Document Number)
(Socialism Names)
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## COVER LETTER

Division of Corporations		. b
SUBJECT: Aclasa	a Proberties LLC	
Nam	ne of Limited Liability Company	•
The enclosed Articles of Amendment and fee(s)	) are submitted for filing.	
lease return all correspondence concerning this	s matter to the following:	
<u> </u>	more Campbell Name of Person	
<del></del>	Firm/Company	
5245	WIND Bronson Mem Huy Ste. 111	l
Kiss Kca E-mail a	in nee FC 34-1.;  City/State and Zip Code  Chyple   @ adasa/a perties. com  address: to be used for fibrare annual report notification)	· · · · · · · · · · · · · · · · · · ·
for further information concerning this matter,	please call:	
Kimas Campl Name of Person	at (321) 522 - 2149 Area Code Daytime Telephone Number	
Enclosed is a check for the following amount:		
■ \$25.00 Filing Fee		
Mailing Address: Registration Section	Street Address: Registration Section	
Division of Corporations	Division of Corporations	

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

P.O. Box 6327

Tallahassee, FL 32314

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

and assigned
21/2019 and assigned
ion "LLC" or the abbreviation "L.L.C."
<u></u>
s, enter the name of the new registered
eci address
eci adaress
, Florida Zip Code

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>	Name	Address	Type of Action
MGR	Jason Bracon	12001 Lake Cypress Circle	LIAdd
		12001 Lake Cypress Circle Apt 305, Orlando PC, 32828	□Remove
		PC, 32828	□Change
			□Add
			ПRетоve
			Change
			□Add
			□Remove
			□Change
			□Add
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			□Change
			□Add
			□Remove
			☐Change

•	
an el Vote:	tive date, if other than the date of filing:  1242023 (optional)  Tective 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 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the nent's effective date on the Department of State's records.
reco d is f	rd 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 iled.
)atec	1/24 . 2023.
· uic t	ABCI M A A A A
.act	Mampbell
Juice	Signature of a member or authorized representative of a member  Kimme Cambbell

Filing Fee: \$25.00