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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : COMPUTERSHARE Account Number : 110432003053 Phone : (561)694-8107 Fax Number : (561)214-8442

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Email	Address:	

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN **AAC FL HOLDINGS LLC**

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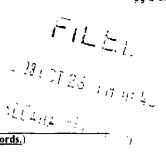
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Help

K. SALY

UU1 27 2023

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



AAC FL HOLDINGS LLC (Name of the Limited Liability Company as it now appears on our records.
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on 10/30/2019 and assigned Florida document number L19000271980 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

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.

City

__. Fłorida ___

□Change

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
AMBR	CORACI., E/O ANTHONY	51 DEFOREST AVENUE	□Add
		SUMMIT. FL 07901	≅ Remove
			□ Change
MGR	Lara Coraci Basile	259 Bill France Blvd	■Add
		Daytona Beach, FL 32114	🗇 Remove
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fective date if other than the	tate of filing:	(antional)
n effective date is listed, the date must ste: If the date inserted in this blo cument's effective date on the De	ck does not meet the applicable statutory fili	(optional) more than 90 days after filing.) Pursuant to 605.0207 ng requirements, this date will not be listed as
ecord specifies a delayed effective is filed.	date, but not an effective time, at 12:01 a.m.	on the earlier of: (b) The 90th day after the
ted October 26th	, 2023	
_	Signature of a member or authorized representative	

Filing Fee: \$25.00

Typed or printed name of signce