10/24/23 J0:20 AM

Division of Corporations

Note: Please print this page and use it as a cover sheet Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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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:_

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EGLLC AMND/RESTATE/CORRECT OR M/MG RESIGN FL P17 LLC

Certificate of Status Certified Copy 0 Page Count 04 Estimated Charge \$25.00

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

\$				
,	FL P17 LLC			
	(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)		-	
	eles of Organization for this Limited Liability Company were filed on 11/14/2019	and :	assign	ed
Florida d	ocument number <u>L19000284310</u>			
This ame	indment is submitted to amend the following:			
A. If am	ending name, enter the new name of the limited liability company here:			
The new n	ame must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the ab	breviation	"L.IC.	**
Enter ne	w principal offices address, if applicable:			
(Principa	al office address MUST BE A STREET ADDRESS)			
Enter ne	w mailing address, if applicable:			
	address MAY BE A POST OFFICE BOX)			
	ç			
	ending the registered agent and/or registered office address on our records, enter the name	<u>e</u> of the r	newire	gistered
agentan	d/or the new registered office address here:			
			(2)	
	Name of New Registered Agent:		<u> </u>	-=
	New Registered Office Address:		P	<u></u>
	Enter Florida street address	-	$\dot{\Sigma}$	
	, Florida	<u> </u>	<u> </u>	
	City	Zip Coo	le	

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 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
Managing Member	BASILE, L.C.	259 Bill France Blvd	□Add
		Daytona Beach, FL 32114	≣Remove
		·	☐Change
MGR	AAC FL Holdings LLC. by Lara Coraci Basile as Manager	259 Bill France Blvd	\(\frac{1}{2} \) Add
		Daytona Beach, FL 32114	Remove
			🖸 Add
			🗆 Remove
			□Change
			□Add
			□ Remove
			□ Change
			□Add
			Remove
			Change
			□Add
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