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:



## 国民国LLC AMND/RESTATE/CORRECT OR M/MG RESIGN FL P40 LLC

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OCT 25 2023 XUBINED A ٠.

New Registered Agent's Signature, if changing Registered Agent:

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

<b>8</b> /		OF	
3/	₽.		
FL P40 LI			
	(Name of the Limited Liab) (A Florid	lity Company as it now appears on our records.) da Limited Liability Company)	
The Articles of Organiz Florida document numb		Company were filed on 11/14/2019	and assigned
his amendment is subr	nitted to amend the following:		
A. If amending name.	enter the new name of the lin	nited liability company here:	
		• • • • • • • • • • • • • • • • • • • •	
The new name must be distin	nguishable and contain the words "Li	mited Liability Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal of	Tices address, if applicable:		
	S MUST BE A STREET ADD	DFCC)	
Trincipul office addres	SHIOST DE A STREET ADD		
Enter new mailing add	tress if annlicable:		
_	• •		
Mailing address MAY	BE A POST OFFICE BOX)		
	gistered agent and/or registere egistered office address here:	ed office address on our records, <u>enter the</u> :	name of the new registe
			• •
Name of New	Registered Agent:		20
<del></del>			<u> </u>
New Registere	d Office Address:	Enter Florida street address	<del></del>
		Date Franki sorti didocsi	(v)
		, Florid	a
		City	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 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
Ambassador	ANTHONY CORACI, BY L.C. BASILE, EXEC., E/O	51 DEFOREST AVENUE	🗆 Add
	SUMMIT, FL 07901	≣Remove	
			□Change
MGR AAC FL Holdings LLC, by Lara Coraci Basile as Manager	259 Bill France Blvd	■Add	
		Daytona Beach, FL 32114	□Remove
			□ Change
			□Add
			Remove
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ective date, if other than the effective date is listed, the date muster: If the date inserted in this bl	st be specific and cann	ot be prior to date	of filing or more than	(optional) n 90 days after filing.) frements, this date v	Pursuant to 605.020 vill not be listed a
cument's effective date on the D					
cord specifies a delayed effectiv s filed.	e date, but not an e	ffective time, at	12:01 a.m. on the	earlier of: (b) The	90th day after th
, October 23rd	20	)23			
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ed		Wat	<u></u>		
ted October 23rd		Mart per or authorized o		ember	

Filing Fee: \$25.00