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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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Help

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

,'	•	٠:						5		
	FL P43	LLC								
			(Name of the J	imited Liabili. (A Florida	ty Compan Limited Li	y as it nov ability Co	npany)	our records.)	
The Article	es of Organ	ization	for this Limite	ed Liability C	Company v	vere filed	on 11/14/2	019	<u> </u>	_ and assigned
Florida doc	cument nur	nber <u>L1</u>	9000284356		<u>_</u> .					
This amend	dment is su	bmitted	to amend the	following:						
A. If amei	nding nam	ie, <u>entei</u>	the new nan	ne of the lim	ited liabil	ity comp	nany here:			
The new nam	ne must be di	stinguish	able and contain	the words "Lim	nited Liabilit	y Compan	y," the design	ation "LLC"	or the abbre	viation "L.L.C."
Enter new	principal	offices	address, if ap	plicable:						
(Principal	office add	ress ML	ST BE A ST	REET ADDR	RESS)					
										
Enter new	mailing a	ddress,	if applicable	:						
(Mailing a	ddress MA	Y BE A	POST OFFI	(CE BOX)						
B. If amer	nding the i	register	ed agent and	or registered	d office ac	idress o	n our recor	ds, <u>enter tl</u>	ne name o	f the new registere
agent and/	or the nev	v regist	ered office ad	dress here:						ر دن
N	lama of Na	w Danie	stered Agent:							: 24
					•				·	-
N	lew Registi	ered Off	ice Address:			Ε	nter Florida s	treet address	-	<u> </u>
									-	· . <u></u>

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

, Florida _

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	\BAdd
		Daytona Beach, FL 32114	□ Remove
			Change
			□Add
			□Remove
		 	□ Change
		 .	
			□ Remove
			□Change
			□Add
			□Remove
		1051107	Change
			□ Add
			Remove
			□Change

Fective date, if other than the one offective date is listed, the date must stee: If the date inserted in this blocument's effective date on the De	st be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0. lock does not meet the applicable statutory filing requirements, this date will not be listed
ecord specifies a delayed effective is filed.	re date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after t
October 23rd	
ted October 23rd	12at
	Signature of a member or authorized representative of a member

Filing Fee: \$25.00