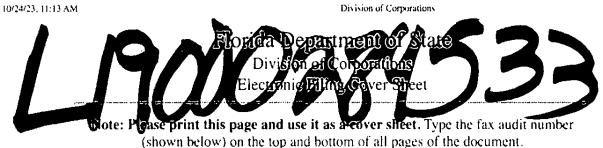
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Division of Corporations



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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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Certificate of Status	0
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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BREVARD 12 LLC		
(<u>Name of the Limited Liabil</u> (A Florid	lity Company as it now appears on our records.) la Limited Liability Company)	
The Articles of Organization for this Limited Liability (Company were filed on 11/14/2019	and assigned
Florida document number L19000284533	<u></u> .	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	nited liability company here:	
The new name must be distinguishable and contain the words "Lir	mited 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 ADD	RESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
	-	~
B. If amending the registered agent and/or registere agent and/or the new registered office address here:	ed office address on our records, <u>enter the na</u>	
agent and of the new registered office address here.		
Name of New Registered Agent:		<u> </u>
New Registered Office Address:		<u> </u>
registered office Address.	Enter Florida street address	
	, Florida	545
	City	Zip Code

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>	Name	Address	Type of Action
Ambassador	E/O ANTHONY CORACI	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
			□Change
			□ Add
			□ Remove
			☐ Change
			□Add
		-	□Remove
		\$7-m	☐ Change
			□Add
			□Remove

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ctive date, if other than the da	ate of filing:		(optional)	
effective date is listed, the date must be: If the date inserted in this block				
ument's effective date on the Department				
	ate, but not an effective t	ime, at 12:01 a.m. on t	he earlier of: (b) The	90th day after tl
cord specifies a delayed effective d				
filed.	2023			
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October 23rd	2023 20ad gnature of a member or auth	art		

Filing Fee: \$25.00