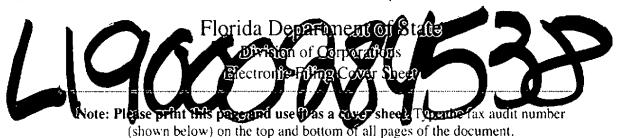
Division of Corporations



(((H23000370693 3)))



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To:

Division of Corporations

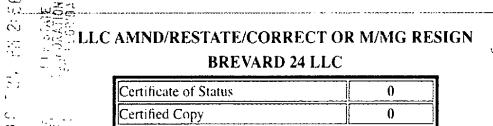
Fax Number : (850)617-6383

From:

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

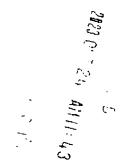
Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:_____



LLC AMND/RESTATE/CORRECT OR M/MG RESIGN **BREVARD 24 LLC**

Certificate of Status	0
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Page Count	04
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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BREVARD 24 LLC		
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number L19000284538	were filed on 11/14/2019	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or the abb	previation "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 a agent and/or the new registered office address here:	nddress on our records, <u>enter the name</u>	of the new register
Name of New Registered Agent:		
New Registered Office Address:		
New Regimered Office Hadress.	Enter Florida street address	3
	, Florida	12
	City	
ew Registered Agent's Signature, if changing Registered Agent:		A:H
hereby accept the appointment as registered agent and agre- provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as poing filed to merely reflect a change in the registered office	performance of my duties, and I am fa provided for in Chapter 605, F.S. Or, i	miliar with and fithis document is

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>	<u>Address</u>	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
			DAdd
			🗆 Remove
			🗆 Change
			□Add
			□Remove
			Change
			□Add
			□Remove
			□Change

D. II amending any	other information, enter	enange(s) nere.	AIRICA RABINOAN SACEI.	s, ty necessary.	
<u> </u>					
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Note: If the date i	other than the date of fili listed, the date must be specific a inserted in this block does not ive date on the Department of	t meet the applicable	late of filing or more than 90 e statutory filing requirem	_ (optional) days after filing.) Pursuant to 605 ents, this date will not be liste	.0207 (3 Nb) ed as the
If the record specifies a record is filed.	a delayed effective date, but n	ot an effective time	at 12:01 a.m. on the earli	er of: (b) The 90th day after	r the
October 23	rd	2023			
		1/0)		
	Signature of	, = 0 0	ed representative of a member	er	
Kevin I	Duteau, Attomey-in-Fact				

Filing Fee: \$25.00

Typed or printed name of signee