## L21000261781

(Require tor's Name)
(Address.)
(Address)
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(City/State/Zip/Phone #)
(OK) 3.COZIBIT HOTIC W
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Film • Officer;





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## **COVER LETTER**

TO: Registration S Division of Co		•	
AE Holdii	ngs BH LLC		
		nited Liability Company	
The enclosed Articles o	f Amendment and fee(s) are sub	unitted for filing.	
Please return all corresp	oondence concerning this matter	to the following:	
	Stephen Guerrero		
		Name of Person	<del></del>
	Guerrero Law Group		
		Firm/Company	
	6600 Cow Pen RD, Suite 2	260	
		Address	· ·
	Miami Lakes, FL 33130		
		City/State and Zip Code	<del></del> _
	sguerrero@theguerrerolaw.		
	E-mail address; (	to be used for future annual report notif	lication)
For further information	concerning this matter, please e	all:	
Stephen Guerrero		954 410-4338 at ()	
Name	of Person	Area Code Daytime	e Telephone Number
Enclosed is a check for	the following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address:

The Centre of Tallahassee

2415 N. Monroe Street. Suite 810 CC:
Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TLED

2023 1.14 16 AM 9:43

AE HOLDINGS BHILLC

(Name of the Limited Liability Company as it now appears on our records.)

ASSEE, FI

(A Folia	a Limited Liability Company)	· / / / 2016.
The Articles of Organization for this Limited Liability (Florida document number L21000261781	Company were filed on 06/07/2021	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	nited liability company here:	
The new name must be distinguishable and contain the words "Lin	nited Liability Company," the designation "LLC" or	r 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:		
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	Floric	da
	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>	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	Hagag, Ezra	6600 Cow Pen RD Suite 260	□Add
		Miami, FL 33130	Remove
			□Change
AMBR Hagag, Aviad		6600 Cow Pen RD Suite 260	<b>■</b> Add
		Miami, Fl. 33130	□Remove
			□Change
			CJAdd
			□Remove
		<del></del>	□Change
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			□ Change

If amending any other inform	ation, enter change(s) here: (Attach add	litional sheets, if necessary.)
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		OF STATE (ontional)
Effective date, if other than th	and the art of Citizens	(optional)
f an effective date is listed, the date m	ist be specific and cannot be prior to date of tiling or clock does not meet the applicable statutory til	(optional) in a constraint of the first of t
rd is filed.		m. on the earlier of: (b) The 90th day after the
Dated May 15th  Stephen Guern	2023	
Stephen Juern	ro	
	Signature of a member or authorized representati	ive of a member

Filing Fee: \$25.00