

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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.

((F124000053386 3)))



H240000533863ABC+

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:
Division of Corporations
Fax Number : (850)617-6383

From:
Account Name : NELSON MULLINS RILEY & SCARBROUGH, ORLANDO
Account Number : I1998000090
Phone : (407)839-4200
Fax Number : (407)839-4264

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

Email Address: _____

RECEIVED
FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
FEB 8 2024

2024 FEB -8 PM 4:13

FILED

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
ACAJOUX HOLDINGS, LLC

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$25.00

RECEIVED
FEB 8 2024
FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

(H24000053386 3)

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

ACAJOUX HOLDINGS, LLC

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

The Articles of Organization for this Limited Liability Company were filed on 12/20/2022 and assigned
Florida document number L22000530753.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

390 North Orange Avenue

(Principal office address MUST BE A STREET ADDRESS)

Suite 1400

Orlando, Florida 32801

Enter new mailing address, if applicable:

390 North Orange Avenue

(Mailing address MAY BE A POST OFFICE BOX)

Suite 1400

Orlando, Florida 32801

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

Paracorp Incorporated

New Registered Office Address:

155 Office Plaza Drive, 1st Floor

Enter Florida street address

Tallahassee

City

Florida 32301

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 Changing Registered Agent, Signature of New Registered Agent

(H24000053386 3)

(H24000053386 3)

If amending Authorized Person(s) authorized to manage, enter (he 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>	<u>Type of Action</u>
MGR	PRYTON CROMWELL	202 Oak Hammock Preserve Loop	<input type="checkbox"/> Add
		Oakland, Florida 34787	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	KRISTEN CROMWELL	202 Oak Hammock Preserve Loop	<input type="checkbox"/> Add
		Oakland, Florida 34787	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

(H24000053386 3)

(H24000053386 3)

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

E. Effective date, if other than the date of filing: _____ (optional)
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated DEC. 27 2023, 2023

Robert C. Brown
Signature of a member or authorized representative of a member

PBYTON CROMWELL

Typed or printed name of alignee

Filing Fee: \$25.00

(H24000053386 3)

(H24000053386 3)

STATE OF FLORIDA

REGISTERED AGENT CONSENT FORM

DATE:

2/7/2024

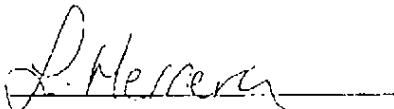
ENTITY NAME:

ACAJOUX HOLDINGS, LLC

REGISTERED AGENT NAME AND ADDRESS:

Paracorp Incorporated
155 Office Plaza Drive, 1st Floor
Tallahassee, FL 32301

Paracorp Incorporated, having been designated to act as Statutory Agent, hereby consents to act in the capacity for the above-referenced entity until removed or resignation is submitted in accordance with the Florida Revised Statutes.

A handwritten signature in black ink, appearing to read "L. Herrera", followed by a horizontal line.

Leticia Herrera, Assistant Secretary
Paracorp Incorporated