123 OCA 226165

| (Red | questor's Name) | |
|---------------------------|-------------------|---------------------------------------|
| (Add | dress) | |
| (Add | dress) | · · · · · · · · · · · · · · · · · · · |
| (City | //State/Zip/Phon | e #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Bus | siness Entity Nai | me) |
| | | |
| (Doc | cument Number) |) |
| Certified Copies | _ Certificate | s of Status |
| Special Instructions to f | Filing Officer: | |
| | | |
| | | 1 |
| | | |
| | | |
| | | |

Office Use Only

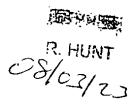


500411486645

ACCUMENTATION OF SEAL OF SEAL

RECEIVED

2023 AUG -3 PM 12: 40



FLORIDA FILING & SEARCH SERVICES, INC.

P.O. BOX 10662 TALLAHASSEE, FL 32302

155 Office Plaza Dr Ste A Tallahassee FL 32301

PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE:

08/03/2023

NAME:

AESCIUBBA HOLDINGS LLC

TYPE OF FILING: AMENDMENT

COST:

25.00

RETURN: PLAIN COPY PLEASE

ACCOUNT: FCA00000015

AUTHORIZATION: ABBIE/PAUL HODGE

COVER LETTER

Registration Section Division of Corporations

Tallahassee, FL 32314

TO:

| | BA HOLDINGS LLC | | | | | |
|-------------------------------|--|---|--|--|--|--|
| SUBJECT: | Name of Lim | ited Liability Company | | | | |
| The enclosed Articles of | Amendment and fee(s) are sub | omitted for filing. | | | | |
| Please return all correspo | ondence concerning this matter | to the following: | | | | |
| | ALFRED SCIUBBA | | | | | |
| | | Name of Person | <u> </u> | | | |
| | | Firm/Company | | | | |
| | 2160 NE 5TH CIRCLE | | | | | |
| | | Address | | | | |
| | BOCA RATON, FL 3343 | 1 | | | | |
| | | City/State and Zip Code | | | | |
| | INFO@ASGTAX.COM | to be used for future annual report noti | (instina) | | | |
| For further information c | oncerning this matter, please c | · | neation | | | |
| ALFRED SCIUBBA | | 609 502-1177 at () | | | | |
| Name o | f Person | | c Telephone Number | | | |
| Enclosed is a check for the | ne following amount: | | | | | |
| ■ \$25.00 Filing Fee | ☐ \$30.00 Filing Fee & Certificate of Status | ☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | ☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) | | | |
| Mailing Addres Registration S | | Street Address: Registration Sec | ction | | | |
| Division of C | | Registration Section Division of Corporations | | | | |
| P.O. Box 632 | | The Centre of T | | | | |

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| (Name of the Limited Liability Company as it now ap (A Florida Limited Liability Company | pears on our records.) |
|---|---|
| (A Florida Limited Liability Compar | ny) |
| The Articles of Organization for this Limited Liability Company were filed on Florida document number <u>L23000226165</u> | 05/08/2023 and assigned |
| This amendment is submitted to amend the following: | |
| A. If amending name, enter the new name of the limited liability company | y here: |
| The new name must be distinguishable and contain the words "Limited Liability Company," t | he designation "LLC" or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | |
| (Principal office address MUST BE A STREET ADDRESS) | 211/215/10/4 OF AUG |
| Enter new mailing address, if applicable: | ် ကို |
| (Mailing address MAY BE A POST OFFICE BOX) | PH 72: 40 |
| B. If amending the registered agent and/or registered office address on ou agent and/or the new registered office address here: | r records, enter the name of the new registere |
| Name of New Registered Agent: | |
| New Registered Office Address: Enter | Florida street address |
| | , Florida |
| Ciŋ· | Zip Code |

New Registered Agent's Signature, if changing Registered Agent:

A ESCHIDDA UNI DINGS LI C

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

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being adde or removed from our records:

MGR = Manager AMBR = Authorized Member

| Title | <u>Name</u> | <u>Address</u> | Type of Action |
|-------------|-----------------------|----------------------|--|
| AMBR | SCIUBBA, ALFRED E, IV | 2160 NE 5TH CIR | ⊟ Add |
| | | BOCA RATON, FL 33431 | □Remove |
| | | | |
| | | | □Add |
| | | | Remove OREMOVE OF CORPORATION OF CORPORATIO |
| | | | |
| | | | 3 OAD PART 12: |
| | | | Remore ☐ |
| | | | □Change |
| | | | |
| | | | □Remove |
| | | | □Change |
| | | | \ \ \ \ _Add |
| | | | □ Remove |
| | | | □ Change |
| | | | □Add |
| | | | □ Remove |
| | | | □Ch |

| | | | | - | <u> </u> | | | | | - |
|---------------|--|---------------------------------------|---------------|--------------|----------------|---------------------------------|--------------|---|------------------------------------|------------------------|
| | _ | | | | | | | | | _ |
| | | | | | | | | | | _ |
| | | | | | | | | | | _ |
| | | | | | | | | | | |
| | | | | | | | • | | | - |
| | | · · · · · · · · · · · · · · · · · · · | | | | | | ., | | - |
| | <u> </u> | | | | | | | | 202 | - PIVI |
| | | | | | | | <u> </u> | | 2023 AUG | SION |
| | | | | | | - | | | <u> </u> | 0; 0; 1; |
| | | | | | | | | | |) در |
| | | | | | | | | - <u>-</u> - | <u>-</u> 7 | PORALIV |
| | · <u></u> | | | | | | | | | 6 |
| | | | | | | | | | | - |
| | | · · · - · · · · · | <u> </u> | | | | | | | _ |
| | | | | | | | | | | _ |
| | | | - | | | | | | | |
| | | · | | | | | _ | | ···•· | - |
| | | | | | | | | | | - |
| Note: If t | date, if other ve date is listed, the date inserte is effective dat | d in this block | does not m | eet the appl | icable statu | iling or more tory filing re | ihan 90 days | optional) after filing. , this date |) Pursuam to 60 will not be lis | 5.0207 (, ted as th |
| | pecifies a delay | | | | | 01 am out | he carlier o | th (b) Th | e 90th day afte | er the |
| ord is filed. | | ed encerve de | ic, out not | an encenve | inne, at 12. | or a.m. on | ne carrier s | | e /viii iiiiy uiii | |
| Dated | Augus | + 2 | | 2023 | <u> </u> | | | | | |
| | | 70 | 0 | | | | | | | |
| | | | nature of a n | nember or au | thorized repre | esentative of : | nember | | | |
| | () | 2.5 | | | • | | | | | |