6/26/24, 10:33 AM

Division of Corporations



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.

(((H24000220505 3)))



H240002205053ABCU

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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

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### LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

### AACGT, LLC

Certificate of Status	0
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June 26, 2024

### FLORIDA DEPARTMENT OF STATE

Division of Corporations

AACGT, LLC 9301 WILSHIRE BLVD., STE. 208 BEVERLY HILLS, CA 90210US

SUBJECT: AACGT, LLC REF: L24000134707

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Mel Solomon
Operations Manager A

FAX Aud. #: H24000220505 Letter Number: 924A00014005

#### **COVER LETTER**

TO:	Registration Section
	Division of Corporations

SUBJECT

AACGT, LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

# Erika Easter

Name of Persor

## **eMinutes**

Firm Company

228 Park Avenue South, PMB 50845

Address

New York, NY 10003-1502

City/State and Zip Code

### eteam@eminutes.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Erika Easter

Name of Person

310

820-1000

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

■ \$25.00 Fiting 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 Address:

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

#### Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

AACGT, LLC		
(Name of the Limited Liability Compa (A Florida Limited I	ny as jt now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L24000134707</u>	were filed on 03-19-2024	_ 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	lity Company," the designation "LLC" or the abbr	eviation "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)	9301 Wilshire Blvd. Suite 504 Beverly Hills, CA 90210	
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the name	of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Florida	7.01
	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> MGR	Name Conv. Schorf		Type of Action
	Gary Scharf	9301 Wilshire Blvd	<u>•</u> □Add
		Suite 504	_ 🗆 Remove
		Beverly Hills, CA 90210	] ■Change
			_ 🗆 Add
			_ □Remove
			_ 🗆 Change
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			_ □Remove
		<del></del>	_ Change
			_ □Add
			_ □Remove
			_ 🗆 Change
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. Effective date, if other than the date of filing:	
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 a cord is filed.	fler the
Dated June 25 2024	
/s/ Gary Scharf	
Signature of a member or authorized representative of a member	
Gary Scharf Typed or printed name of signee	