| (Rec                      | questor's Name)   | <del></del> |
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| (Bus                      | siness Entity Nan | ne)         |
| (Doc                      | cument Number)    |             |
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|         | CERTIFIED COPY                           | <u> </u>         |
| XX      | РНОТОСОРУ                                |                  |
|         | CUS                                      |                  |
| XX      | FILING                                   | LLC AMEND        |
|         | LE BOAT LLC<br>ORPORATE NAME AND DOCUMEN | V1' #)           |
| (()     | CORPORATE NAME AND DOCUMEN               | <del>(Π #)</del> |
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| ECIAL I | NSTRUCTIONS:                             |                  |
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### **COVER LETTER**

| TO: Registration Section Division of Corporations    |  |
|--|--|
| SUBJECT: ALE BOAT LLC                                |  |
|  | f Limited Liability Company  |
|  |  |
|  |  |
| The enclosed Articles of Amendment and fee(s) are    | e submitted for filing.  |
| Please return all correspondence concerning this m   | natter to the following:   |
|  |  |
| MEDCEDES   | M CELLER ESO   |
| MERCEDES   | M. SELLEK, ESQ.  Name of Person  |
|  |  |
| _ SELLEK LAW   | CORPORATE SERVICES, LLC  |
| <del>-</del>   | Firm/Company   |
|  |  |
| <u>2520 SW 99 C</u>                                  | OURT   |
|  | Addicss  |
| NATANAL EL 2   | 2145   |
| MIAMI, FL 3  | City/State and Zip Code  |
|  | klaw aam   |
| E-mail add   | klaw.com lress: (to be used for future annual report notification)                                     |
| For further information concerning this matter, plo  | pase call:   |
| For further information concerning this matter, pro- | 335 0411   |
| Mercedes M. Sellek, Esq.                             | at ( <u>786</u> ) <u>591-7310</u>  |
| Name of Person                                       | Area Code Daytime Telephone Number   |
|  |  |
|  |  |
| Enclosed is a check for the following amount:        |  |
| ▼ \$25.00 Filing Fee                                 |  |
| Certificate of Sta                                   | tus Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed) Certified Copy |
|  | (additional copy is enclosed) (additional copy is enclosed)  |
|  |  |
|  |  |
| Mailing Address:                                     | Street Address:  |
| Registration Section                                 | Registration Section   |
| Division of Corporations                             | Division of Corporations   |
| P.O. Box 6327  | The Centre of Tallahassee  |
| Tallahassee, FL 32314                                | 2415 N. Monroe Street, Suite 810   |
|  | Tallahassee, FL 32303  |

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| ALE BOA  | TIIC  |                             |   |
|--|---|-----------------------------|---|
| (Name of the Limited Lia                                   | bility Company as it now apported Limited Liability Company | ears on our records.)       | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1   |
| (A Fio   | orida Limited Liability Compan                              | y)                          | 2 17                                    |
| The Articles of Organization for this Limited Liability    | y Company were filed on                                     | March 22, 2024              | and assigned                            |
| Florida document number <u>L24000142049</u>                |   |                             | (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) |
| This amendment is submitted to amend the following         | <u>;</u> ;  |                             | 6                                       |
| A. If amending name, enter the new name of the l           | imited liability company                                    | here:                       |   |
| ACM DEVELOPMENT GROUP, LLC                                 |   |                             |   |
| The new name must be distinguishable and contain the words | Limited Liability Company," th                              | e designation "LLC" or t    | he abbreviation "L.L.C."                |
| Enter new principal offices address, if applicable:        |   |                             |   |
| (Principal office address MUST BE A STREET AD              | DRESS)  |                             |   |
| •  |   |                             |   |
|  | <del></del>   |                             |   |
| Enter new mailing address, if applicable:                  |   |                             |   |
| (Mailing address MAY BE A POST OFFICE BOX)                 |   |                             |   |
|  |   |                             |   |
|  |   |                             | <del></del> -                           |
| B. If amending the registered agent and/or registe         |   | r records, <u>enter the</u> | name of the new registere               |
| agent and/or the new registered office address her         | <u>'e</u> :   |                             |   |
|  |   |                             |   |
| Name of New Registered Agent:                              |   |                             | · · ·                                   |
| New Registered Office Address:                             |   |                             |   |
| •  | Enter F   | Florida street address      |   |
|  |   | , Florida                   | a                                       |
| <del></del>  | 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 |
|--------------|--------------|----------------|----------------|
|              | <del>-</del> |                | □ Add          |
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| an effe<br>lote:  | we date, if other than the date of filing:   |
| record<br>is file | 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 ed. |
| ated _            | November 12, 2024  |
|                   | Much Call  |
|                   | Signature of a member or authorized representative of a member   |
|                   | Mercedes M. Sellek, Esq.   |