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| (Requestor's N | ame) |
|---------------------------------------|-------------------|
| (Address) | |
| (Address) | |
| (City/State/Zip/ | Phone #) |
| PICK-UP WA | IT MAIL |
| (Business Enti | ty Name) |
| (Document Nu | mber) |
| Certified Copies Certi | ficates of Status |
| Special Instructions to Filing Office | er: |
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SECRETARY OF STATE
TALL AHASSEE, FL

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COVER LETTER

| TO: Registration Se Division of Cor | | | |
|--|--|---|---|
| OUD TROM | ACE INVES | TMENTS GROUP, LLC | : |
| SUBJECT: | Name of Lin | nited 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: | |
| | LOVETTE DOBSON | | |
| | | Name of Person | |
| | | Firm/Company | |
| | 17350 STATE HWY 249 | STE 220 | |
| | | Address | |
| | HOUSTON, TX 77064 | | |
| | EFILE1234@INCFILE.CO | City/State and Zip Code | |
| For further information c | E-mail address: (oncerning this matter, please c | to be used for future annual report no all: | tification) |
| LOVETTE DOBSON | o . | 1 888-462-34 | 53 |
| Name o | f Person | at () Area Code Daytir | ne 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 Address Registration S | Section | Street Address: Registration Se | ection |
| Division of C P.O. Box 632 | | Division of Co | rporations |
| Tallahassee, I | | The Centre of 2415 N. Monro | Fallahassee be Street, Suite 810 |

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION ED OF

2022 APR 11 PM 5: 39

| ACE | INVESTMENTS GROUP LICETARY OF S | TATE |
|---|--|----------------------------|
| (<u>Name of the Limited Liabil</u> (A Florid | INVESTMENTS GROUP LEFTARY OF S lity Company as it now appears on our records. I la Limited Liability Company ALLAHASSEE, | FL |
| The Articles of Organization for this Limited Liability (| Company were filed on 03/11/2022 | and assigned |
| Florida document number L22000123834 | · | |
| 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 "Lir | nited Liability Company," the designation "LLC" or | 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) | | |
| | | |
| D. If amonding the registered areas and large | d er di | • |
| B. If amending the registered agent and/or registere agent and/or the new registered office address here: | ed office address on our records, <u>enter the</u> | name of the new registered |
| | | |
| Name of New Registered Agent: | | |
| New Registered Office Address: | | |
| | Enter Florida street address | |
| | , Floric | |
| | Ciry . | 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> | Address | Type of Action |
|--------------|------------------|-------------------------------|----------------|
| AMBR | CHRISTINE EREMIA | 2234 NORTH FEDERAL HWY, #2198 | □ Add |
| | | BOCA RATON, FL 33431 | ≣ Remove |
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| Effective date, if other than the (If an effective date is listed, the date means to be a listed in this bedocument's effective date on the I | ast be specific and cannot be block does not meet the a | applicable statutory fi | (option more than 90 days after fi ling requirements, this | ling \ Purcuent to 605 02 |
| ne record specifies a delayed effecti ord is filed. | ve date, but not an effec | tive time, at 12:01 a.n | o. on the earlier of: (b) | The 90th day after th |
| Dated APRIL 4TH | 2022 | · | | |
| | | | • | |
| | Signature of a member of | L Erem | Ja | |