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SECRETARY OF STATE
AND ARREST FOR BIA

COVER LETTER

TO: Registration Se Division of Cor			
Triple Ace	Invements, LLC		
SUBJECT:	Name of Lim	ted Liability Company	to the second of
The englaced Articles of	Amendment and fee(s) are sub-		. ••
Please return all correspo	ondence concerning this matter	to the following:	
	Robert A. Nass		
		Name of Person	
	Triple Ace Investments, LI	.c	
		Firm/Company	
	905 Biscayne Blvd		
		Address	
	Deland, FL 32720.		····
		City/State and Zip Code	
	robertanass@gmail.com	to be used for future annual report no	tification)
			an and an
For further information c	oncerning this matter, please ca	all:	
Robert A. Nass		386 740-7355	
Name o	f Person	at ()	me Telephone Number
		•	
Enclosed is a check for t	he 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 Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Triple Ace Investments, LLC		
(Name of the Limited L.	ability Company as it now appears on our records.) orida Limited Liability Company)	· · · · · · · · · · · · · · · · · · ·
(///	iona omnea mainny Company	
The Articles of Organization for this Limited Liabili	ity Company were filed on 9/7/05	and assigned
Florida document number L05000088161		
		
This amendment is submitted to amend the following	g:	
A. If amending name, enter the new name of the	limited liability company here:	
g		
	-Lines Hintsility Company," the designation "H.C" or the	abbreviation "L.L.C."
	· · · · · ·	
Enter new principal offices address, if applicable		
(Principal office address MUST BE A STREET A	DDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX	0	
B. If amending the registered agent and/or r	registered office address on our records, ent	er the name of the new
registered agent and/or the new registered office		7
		e e e
Name of New Registered Agent:		
Traine of the Winegistered Tigent.		<u> </u>
New Registered Office Address:		
,	Enter Florida street address	
	, Florida	
· ·	City	Tip 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

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
MGR	Amber Hornbarger	905 Biscayne Blvd	☐ Add
		DeLand, FL 32724	■ Remove
			Change
	·		
			□ Remove
			☐ Change
			□ Add
			Remove
		7774-18-2-7	
			Add
		- 10-11-11-11-11-11-11-11-11-11-11-11-11-1	□ Remove
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Tective date, if other than an effective date is listed, the date	must be specific an	d cannot be prior	to date of filing o	r more than 90 days	after filing.) Pursua	ant to 605.0
ote: If the date inserted in the ocument's effective date on the	is block does not i	meet the applica				
southern 5 effective date of the	ie Bepartment or .	Since a records.				
e record specifies a dela	aved effective	date, but not	t an effective	e time, at 12:0	01 a.m. on the	e earlier
The 90th day after the			an choose	2 (111/0) 40 121		
M 24		2017				
ated May 24	<u> </u>		_·			
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Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00