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EXAMINER

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· COVER LETTER

TO: Registration Section Division of Corporat				
•	E SERVICES, LIC			
(Name of Limited Liability Company)				
The enclosed Articles of Amer	ndment and fee(s) are submitted for filing.			
Please return all correspondent	ce concerning this matter to the following:			
. ,				
	Name of Person) ACE SELVICES LCC (Firm/Company)			
	(Name of Person)			
	ACE VERVICES, LCC			
	(Firm/Company)			
	13350, W. COLONIAC DR., Saite 310			
	WINTER GARDEN, FC 34787			
_	(City/State and Zip Code)			
For further information concer	ning this matter, please call:			
1051000	Kund 20, 221 4401			
(Name of Pers	at (32) 231 46 96 (Area Code & Daytime Telephone Number)			
(Name of Fers	(Area Code & Daytime Telephono Hamoor)			
Enclosed is a check for the foll	1,0			
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed) \$55.00 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

	s, Luc	
(Name of the Limited Liability (A Florida L	Company as it now as it now as Limited Liability Compa	opears on our records.) ny)
The Articles of Organization for this Limited Liability Co. Florida document number	ompany were filed on 	10 (03 / 2005 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit		
The new name must be distinguishable and end with the word "L.L.C."	ds "Limited Liability Co	ompany," the designation "LLC" or the abbreviation
B. If amending the registered agent and/or registered agent and/or the new registered office addr		on our records, <u>enter the name of the new</u>
Name of New Registered Agent:		
New Registered Office Address:	///	(Enter Florida street address)
·	_	, Florida(Zip Code)
		
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Registered	, ,,	(Zip Code)

Page 1 of 2

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member <u>Title</u> <u>Address</u> **Type of Action** <u>Name</u> SUSAN DIAZ Add 1 Remove □Add Remove □Add Remove \Box Add Remove Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Signature of a member or authorized representative of a member Typed or printed name of signee Page 2 of 2 Filing Fee: \$25.00