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COVER LETTER

TO:	Registration Sec Division of Corp					
CHD II	Ace Group	, LLC				
SUBJE	.cr:	Name of Lim	ited Liability Company			
The en	closed Articles of a	Amendment and fee(s) are sub	mitted for filing.			
Please	return all correspo	ndence concerning this matter	to the following:			
		Manuel A. Alvarado				
			Name of Person			
Ace Group, LLC						
Firm/Company						
1151 SE 7th Court Unit 201						
			Address			
		Dania Beach, FL 33004				
			City/State and Zip Code			
	augusto@acegr.us E-mail address: (to be used for future annual report notification)					
** **				ication)		
For fur	ther information co	oncerning this matter, please co	all:			
Manue	el A. Alvarado		954 2635170 at ()			
	Name of	Person		Telephone Number		
Enclos	ed is a check for th	e following amount:				
\$2:	5.00 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

Ace Group, LLC					
(<u>Name of the Limited Li</u> (A F	ability Compa lorida Limited	ny as it now appears on our Liability Company)	records.)	,	
The Articles of Organization for this Limited Liabili Florida document number L06000086524	ity Company	were filed on 09/01/200	6	_ and ass	signed
This amendment is submitted to amend the followin	g:				
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 Liabi	lity Company," the designatio	n "LLC" or the abbre	viation "L	IC."
Enter new principal offices address, if applicable	:	1151 SE 7th Court Un	it 201	ℼ	DIV.
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: PO Box 2564	A A	30.5 30.3 30.3 30.3 30.3 30.3 30.3 30.3			
			-	٦	PETA:
Enter new mailing address, if applicable:		PO Box 2564		AH 9	RY OF SI
(Mailing address MAY BE A POST OFFICE BOX)	<u>0</u>	Hallandale, FL 33008		ယ္အ	11.5 1.5 1.5 1.5 1.5 1.5 1.5 1.5 1.5 1.5
3. If amending the registered agent and/or registered agent and/or the new registered office			ecords, <u>enter th</u>	e name	of the
Name of New Registered Agent:	······································				
New Registered Office Address:	151 SE 7th C	Court Unit 201			
		Enter Florida street	t address		
<u>D</u>	ania Beach		Florida <u>3300</u>		
		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 Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being add or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
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te: If the date inserted in this bloc	k does not meet the a	ipplicable statutor	y filing requirements, th	is date will not	be listed a:
cument's effective date on the Dep	artment of State's rec	cords,			
record specifies a delayed	effective date hi	it not an effect	tive time at 12:01	am on the	earlier o
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Filing Fee: \$25.00