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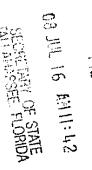
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M. THOMAS

JUL 1 7 2008

EXAMINER

COVER LETTER

TO: Registration Sec Division of Corp			
SUBJECT: ACE Pro		ited Liability Company)	 _
The enclosed Articles of A	mendment and fee(s) are sub	mitted for filing.	
Please return all correspon	dence concerning this matter	to the following:	
	Ana Gillespie	(Name of Person)	
	ACE Properties, LLC		
		(Firm/Company)	_
	P.O. Box 7552	FER SER	
	Lakeland, FL 33807	(Address)	
		(City/State and Zip Code)	一 至
For further information co	ncerning this matter, please c	all:	08 JUL 16 MIN: 42 SECHELSE PLONDA FALLANSEE FLORIDA
Ana Gillespie		at (863) 327-5242	
(Name of	f Person)	(Area Code & Daytime T	elephone Number)
Enclosed is a check for the	e 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

ACE Properties, LLC				
(<u>Name of the Limited</u> (A	Liability Compa Florida Limited I	ny as it now appears on our Liability Company)	records.)	
The Articles of Organization for this Limited Lia	ability Company	were filed on 9/15/2006	and assigned	
Florida document number L06000090948	·			
This amendment is submitted to amend the follo	wing:			
A. If amending name, enter the new name of	the limited liab	oility company here:		
The new name must be distinguishable and end with "L.L.C."	n the words "Lim	ited Liability Company," the	~ ~ ~ ~	
Enter new principal offices address, if applica	able:	5040 Highlands by the L	_ake Dr.	
(Principal office address MUST BE A STREET ADDRESS)		Lakeland, FL 33812	<u> </u>	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE I	B <i>OX</i>)		6 AM 11: 4.2 STATE PLOPAIDA	
B. If amending the registered agent and/or the new registered of			rds, enter the name of the new	
Name of New Registered Agent:	Andrew P. Gillespie			
New Registered Office Address:	ds by the Lake Dr.			
	-	(Enter Flor	ida street address)	
	Lakeland		, Florida <u>33812</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 608, 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)

or Managing Member being added or removed from our records:							
MGR = Manager MGRM = Managing Member							
<u>Title</u>	Name ·	Address	Type of Action				
Mgrm	Vargas, William	911 Fairlington Dr. Lakeland, FL 33813	Add Remove				
			Add Remove				
			Add Remove				
 			Add Remove				
	<u> </u>		Addo Remove				
			Add of Removed				
D. If amen	ding any other information, ente	er change(s) here: (Attach additional sheets, if necessary.)					
							
			_ _				
Dated		Ana Giller					
	Signature of a Ana Gillespie	a member or authorized representative of a member					
	, and omospio	Typed or printed name of signee					

Page 2 of 2

Filing Fee: \$25.00