

LG8 00014299

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

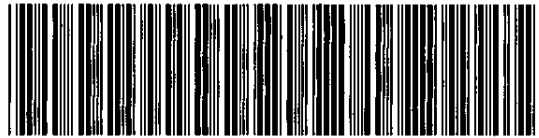
LG8-14299

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



600140075736

01/09/09--01015--004 \*\*25.00

FILED  
09 JAN 22 PM 2:18  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

S. HAWKES  
JAN 23 2009  
EXAMINER

S. HAWKES  
JAN 23 2009  
EXAMINER



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

January 13, 2009

KAREN BALL  
7491 DOVE MEADOW TRAIL  
LAKELAND, FL 33810

SUBJECT: ACESLLC  
Ref. Number: L08000014299

We have received your document for ACESLLC and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6955.

Suzanne Hawkes  
Regulatory Specialist II

Letter Number: 209A00001172

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: ACES LLC  
(Name of Limited Liability Company)

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

KAREN BALL  
(Name of Person)

ACES LLC  
(Firm/Company)

7491 DOVE MEADOW TRAIL  
(Address)

LAKELAND, FL 33810  
(City/State and Zip Code)

For further information concerning this matter, please call:

KAREN BALL at (352) 467-3893  
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the 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

FILED  
09 JAN 22 PM 2:18  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

ACES LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on FEB 8, 2008 and assigned  
Florida document number 208000014299.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

The new name must be distinguishable and end with the words "Limited 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 ADDRESS)

1614 BROKEN BRANCH DR.  
WESLEY CHAPEL, FL  
33543

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

SHERIF IBRAHIM

New Registered Office Address:

1614 BROKEN BRANCH DR.

(Enter Florida street address)

WESLEY CHAPEL  
(City)

Florida

33543  
(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.

Sherif Ibrahim  
(If Changing Registered Agent, Signature of New Registered Agent)

**MGR = Manager**  
**MGRM = Managing Member**

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	BALL, KAREN R.	7491 DOVE MEADOW	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

SECRET JAN 22 1968

RECEIVED

**D. If amending any other information, enter change(s) here:** *(Attach additional sheets, if necessary.)*

Dated

Signature of a member or authorized representative of a member

Typed or printed name of signee