L08000052847

| (Requestor's Name) |
|---|
| (Address) |
| · |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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EXAMINER



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06/02/08--01030--002 **125.00

TO ACHIOWLEDGE MALLAHASSEE.FLI

RECEIVED
DEPARTMENT OF STATE
VISION OF CORPORATIONS

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| A.C.E. Development of North Flor | | |
|---|---|----------------------------|
| (Name of the Limited | Liability Company as it now appears on our records.) Florida Limited Liability Company) | |
| (A | Fiorida Elimited Elability Company) | |
| The Articles of Organization for this Limited Li | ability Company were filed on May 28, 2008 | and assigned |
| Florida document number L08000052477 | | • |
| This amendment is submitted to amend the follo | owing: | |
| A. If amending name, enter the new name of | the limited liability company here: | |
| | | |
| The new name must be distinguishable and end wit "L.L.C." | h the words "Limited Liability Company," the designation | "LLC" or the abbreviation |
| Enter new principal offices address, if applica | able: | |
| (Principal office address MUST BE A STREE | T ADDRESS) | |
| | | |
| | | |
| Enter new mailing address, if applicable: | | |
| (Mailing address MAY BE A POST OFFICE I | BOX) | |
| | | |
| | | · · · |
| B. If amending the registered agent and/o | or registered office address on our records, ente | ⊐ Pithe:name of the new |
| registered agent and/or the new registered of | | |
| | | |
| Name of New Registered Agent: | | SR -2 |
| New Product 1 Office Address | | |
| New Registered Office Address: | (Enter Florida street | |
| | | RA 2 |
| | (City), Florida | Zip Code) |
| | (~1177 | (Lip Couc) |

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

MGR = Manager

MGRM = Managing Member **Title Type of Action** Name <u>Address</u> MGR Tommy Glover ■ Add 358 Ace High Stable Road Crawfordville, Florida 32327 Remove MGRM Jeremiah Ruggless 358 Ace High Stable Road ∎ Add Crawfordville, Florida 32327 ■ Remove MGR Ronda Brawer 358 Ace High Stable Road **■** Add Remove Crawfordville, Florida 32327 MGRM Ronda Brawer ∎7 Add 358 Ace High Stable Road Crawfordville, Florida 32327 ■ Remove **□** Add Remove Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) RIDA Signature of a member or authorized representative of a member Cindy Smith

Typed or printed name of signee
Page 2 of 2

Filing Fee: \$25.00