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SECRETARY OF STATE

D. BRUCE

SEP 13 2010

EXAMINER

COVER LETTER

10:	Division of Corporations	
SUBJE	Name of Limited Liability Company	
The end	closed Articles of Amendment and fee(s) are submitted for filing.	
Please i	return all correspondence concerning this matter to the following:	
	THOMAS L Roy ht, Tr. LLC Name of Person	-
	THOMAS 2 Knight, J.R., LLC Firm/Company	_
	2655 FEDERAL Huy 347 Address	_
	DESPRISED BEACH FL 33441 City/State and Zip Code	10 S
	E-mail address: (to be used for future annual report notification)	
For furt	ther information concerning this matter, please call:	O P
	Home of Person S at (305) 796 705 1 Name of Person S Area Code & Daytime Telephone Numb	10 SEP 10 PH 1: 03 SECRETARY OF STATE FALLAHASSEE, FLORIDA
Enclose	ed is a check for the following amount:	
\$ 25.	(additional copy is enclosed) Certific	filing Fee, cate of Status & cd Copy onal copy is enclosed)
	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building	

Tallahassee, FL 32314

Clifton Building
2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Name of the Limited Liability (A Florida I	Company as it now app Limited Liability Company	pears on our records.)	
The Articles of Organization for this Limited Liability C	• •	1-14-2009	and assigned
Florida document number L09000042	29		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limit	ited liability company l	<u>nere</u> :	
A. C. E. Constructio	n. LLC		
The new name must be distinguishable and end with the wor "L.L.C."	ds ⁴ Limited Liability Cor	npany," the designation "LLC	" or the abbreviation
Enter new principal offices address, if applicable:	265	5 FEDERAL	Hwy 347
(Principal office address MUST BE A STREET ADDR	ESS) DEER	S FEDERAL CRIEND BEACH	1 FL 33441
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		TALL AHASSE	2 0
B. If amending the registered agent and/or registered agent and/or the new registered office add		n our records, enter the	flame of two new
Name of New Registered Agent:			
New Registered Office Address:	Enter Florida street address		
	, Florida		
	City	7	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 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 **Title Address Type of Action** <u>Name</u> MGRM JENNIFER A. BECKHAM 265 S FEDERAL HWY 347 MAD DEERFIELD BEACH F/33441 Remove ☐ Add Remove ☐ Add Remove ☐ Add Remove \square Add Remove \square Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) TRANSFERRING 25% ON NERSHIP TO JEN A BECKHAM Signature of a member or authorized representative of a member Thomas L Knight JR
Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00