# 10900014450

<u>(</u>	Requestor's Name)
(/	Address)
	Address)
(6	City/State/Zip/Phone #)
PICK-UP	WAIT MAIL
((	Business Entity Name)
(1	Document Number)
Certified Copies	Certificates of Status
Special Instructions	to Filing Officer:
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Office Use Only



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SECRETARY OF STATE

## **COVER LETTER**

TO: Registration Se Division of Cor			
(3 5 fee 5 5 1 4 100)	AL ESTATE, LLC		
	Name of Lim	ited Liability Company	<del></del>
	Amendment and fee(s) are sub	_	
	Manuel A. Alvarado		
		Name of Person	<del></del>
	Ace Group, LLC		
		Firm/Company	
	1151 SE 7th Court Unit	201	
		Address	· · ·
	Dania Beach, FL 33004		
	augusto@acegr.us	City/State and Zip Code	
	E-mail address: (	to be used for future annual report notifi	ication)
For further information co	oncerning this matter, please co	all:	
Manuel A. Alvarado		954 2635170 at ( )	
Name of	Person	Area Code Daytime	Telephone Number
Enclosed is a check for th	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

<b>GEA</b>	Р	R	F	ΔΙ		FS	٦г	Δ	T	F	1	П	C
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(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 \_\_\_\_\_\_ and assigned Florida document number \_\_\_\_L09000014450 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 contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) 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 nev registered agent and/or the new registered office address here: Name of New Registered Agent: 1151 SE 7th Court Unit 201 New Registered Office Address: Enter Florida street address Dania Beach , Florida <sup>33004</sup>

#### 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.

City

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>	<u>Address</u>	Type of Action
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effective date is listed, the date m : If the date inserted in this	ust be specific and cannot be prior to date of filiblock does not meet the applicable statutor. Department of State's records.	(optional) ng or more than 90 days after filing.) Pursuant to 605.03 ry filing requirements, this date will not be listed
ecord specifies a delay e 90th day after the re		tive time, at 12:01 a.m. on the earlier
July, 28	2018	
Jupist	Men!	
Legion		

Page 3 of 3

Filing Fee: \$25.00