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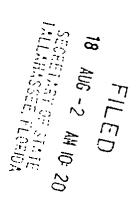
(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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COVER LETTER

TO:	Registration Sec Division of Corp			
SUBJE	PRESA, LI	-C		
aobji		Name of Limi	ited Liability Company	
The en	closed Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please	return all correspo	ndence concerning this matter	to the following:	
		Manuel A. Alvarado		
			Name of Person	
		Ace Group, LLC		
			Firm/Company	
		1151 SE 7th Court Unit 2	201	
			Address	
		Dania Beach, FL 33004		
			City/State and Zip Code	
		augusto@acegr.us	····	,
		t;-mail address: (t	o be used for future annual report notifi	cation)
For fur	ther information co	oncerning this matter, please ca	all:	
Manue	el A. Alvarado		954 2635170	
	Name of	Person	at () Area Code Daytime	Telephone Number
Enclose	ed is a check for th	e following amount:		
≘ \$2:	5.00 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

PRESA, LLC		
(Name of the Lim	ited Liability Company as it now (A Florida Limited Liability Com	appears on our records.) pany)
The Articles of Organization for this Limited I Florida document number L10000092297	Liability Company were filed	on 09/02/2010 and assigned
This amendment is submitted to amend the fol	lowing:	
A. If amending name, enter the new name	of the limited liability compa	any here:
The new name must be distinguishable and contain the	words "Limited Liability Company	"the designation "LLC or the abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:	ms _ n :
(Principal office address MUST BE A STRE	ET ADDRESS)	70.3
		20 F 20
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE	BOX)	
B. If amending the registered agent and registered agent and/or the new registered of	• •	ess on our records, enter the name of the
Name of New Registered Agent:		
New Registered Office Address:	1151 SE 7th Court Unit 2	201
	En	ter Florida street address
	Dania Beach	, Florida ³³⁰⁰⁴
	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 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.

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</u> <u>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, if other than t	he date of filing:	(optional) g or more than 90 days after filing.) Pursuant to 605.0207 (
Note: If the date inserted in this	block does not meet the applicable statutory	y filing requirements, this date will not be listed as t
document's effective date on the	Department of State's records.	
ne record specifies a delay	ved effective date, but not an effect	tive time, at 12:01 a.m. on the earlier of:
The 90th day after the r		,
July 28	2018	
Dated	·,	
Jague Va	and the second	
	· · · · · · · · · · · · · · · · · · ·	ntative of a member

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00