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| 10. | Division of Corporation Fax Number : (850) | 617-6383 | EXAMINER |
| From: | Account Number : I2000 Phone : (305) Fax Number : (305) | 552-5973 220-1440 | |
| | address for this busir rt mailings. Enter only | | |
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| ARTICLES OF ORGANIZATION | | | | | | | |
| | OF | | | | | | |
| | | | | | | | |
| Ace Home (Name of the Limited Line (AF) | ASPECTION ability Company as it now app forida Limited Liability Company | Services LLC | | | | | |
| | | 7/18/11 | | | | | |
| The Articles of Organization for this Limited Liab | | A 10/11 and assigned | | | | | |
| Florida document number <u>L110000210</u> | { { | ' ' | | | | | |
| | | | | | | | |
| This amendment is submitted to amend the follow | ing: | | | | | | |
| A. If amending name, enter the new name of th | ie limited Hability company) | here: | | | | | |
| PAVIEDEC | CONCEPTION | ON SERVICES LLC | | | | | |
| The new name must be distinguishable and end with t "L.L.C." | he words "Limited Liability Con | npany," the designation "LLC" or the abbreviation | | | | | |
| Enter new principal offices address, if applicab | le: | | | | | | |
| | | | | | | | |
| (Principal office address MUST BE A STREET | | | | | | | |
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| 1 7 | | | | | | | |
| Enter new mailing address, if applicable: | ····· | | | | | | |
| Mailing address MAY BE A POST OFFICE BC | 280 | | | | | | |
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| | <u>.</u> | | | | | | |
| B. If amending the registered agent and/or | | n our records, enter the name of the new | | | | | |
| registered agent and/or the new registered offic | <u>e address here</u> : | | | | | | |
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| | | ALLE CALLERES HEAMER | | | | | |
| Name of New Registered Agent: | MODULI DEL V | パレレビ しれいにしたし ゴビが潮れいから | | | | | |
| Name of New Registered Agent: | Monuel Del V | ALLE CAVIEDES HERMANDEZ | | | | | |
| Name of New Registered Agent: | MANUEL DEL V 9952 SW | RSt #BHID | | | | | |
| | | | | | | | |
| | | R St # 144 0 0 | | | | | |
| | | RSt #BHID | | | | | |

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 Changing Registered Agent, Signature of New Registered Agent)

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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

| <u>Title</u> | Name | | Address | I | ype of Action | | | |
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| D. If a | mending any other information <u>Correct nat</u> <u>CAVIEDES</u> | ne: N | Manuel Del | | | | | |
| Dated _ | JUNO 10 | , <u>201</u> | | | | | | |
| | Manuel | Del VC Typed or I | authorized representative of a mer <u>authorized representative of a mer</u> <u>authorized representative of a mer</u> <u>authorized representative of a mer</u> <u>printed name of signee</u> Page 2 of 2 | Hernand | <u>e</u> 2_ | | | |
| | Filing Fee: \$25.00 | | | | | | | |
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