111000080757

(Requestor's Name)
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(Business Entity Name)
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COVER LETTER

TO	D: Registration Sec Division of Corp			
Ċ1		STATE, LLC		
SU	ЈВЈЕСТ:		ited Liability Company	
Th	e enclosed Articles of A	Amendment and fee(s) are sub-	mitted for filing.	
Ple	ease return all correspor	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		
		E-mail address: ()	to be used for future annual report notifi	cation)
Fo	r further information co	ncerning this matter, please ca	all:	
M	anuel A. Alvarado		954 2635170 at ()	
	Name of	Person		Telephone Number
En	iclosed is a check for the	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, F1, 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

The Articles of Organization for this Limited Liability Company w	ere filed on 07/13/2011	and assigned
Florida document number L11000080757		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabilit	ty company here:	
The new name must be distinguishable and contain the words "Limited Liability	Company," the designation "LLC" or the ab	orevi zzi on "KLL"
Enter new principal offices address, if applicable:		SECRE ISION
Principal office address MUST BE A STREET ADDRESS)		- PFRE
		골
Enter new mailing address, if applicable:		9: 00 9: 00
		•••

New Registered Agent's Signature, if changing Registered Agent:

New Registered Office Address:

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.

1151 SE 7th Court Unit 201

City

Legeelle

Dania Beach

If Changing Registered Agent, Signature of New Registered Agent

Enter Florida street address

, Florida 33004 Zip Code If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being addor removed from our records</u>:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			☐ Remove
			☐ Change
			Add
			□ Remove
			Change
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Effective date, if other than th If an effective date is listed, the date m	e date of filing: ust be specific and cannot be prior to	date of filing or more than 90	(optional) days after filing.) Pursuant (to 605.02
<u>Note:</u> If the date inserted in this bedocument's effective date on the l	plock does not meet the applicab	le statutory filing requiren	nents, this date will not be	e listed
	,			
ne record specifies a delaye		an effective time, at	12:01 a.m. on the ϵ	arlier
The 90th day after the re	cord is filed.			
Dated July, 28	2018			
Jugardi	les d	- ·		
July 1	<u></u>			

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00