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CALLETARY OF STATE
TALLAHASSEE FLORIBA

A. S. Bringer

## COVER LETTER

TO: Re	gistration Sec vision of Corp	ction porations			
CUDIECT.	TWO ACES	S MM, LLC			
SUBJECT:		Name of Limited Liability Company	<del></del> -		
The enclose	ed Articles of A	Amendment and fee(s) are submitted for filing.			
Please retur	n all correspor	ndence concerning this matter to the following:			
		ALAN J. MARCUS			
		Name of Person			
		ALAN J. MARCUS, ESQ.			
		Firm/Company	<del></del>		
		20803 BISCAYNE BOULEVARD, SUITE 301			
		Address	1-11	129	
		AVENTURA, FL 33180			ener-
		City/State and Zip Code	32	<del>~</del>	(1000)
		ALAN@ALANJMARCUS.COM	  	လ	
		E-mail address: (to be used for future annual report notification)		17.1	14/HARRENYA
For further	information co	oncerning this matter, please call:	97	S 5	1
ALAN J. N	MARCUS	305 937-1800 at ( )		S	
	Name of		Number	,	
Enclosed is	a check for th	ne following amount:			
\$25.00		□ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$6  Certificate of Status Certified Copy (additional copy is enclosed) C	0.00 Filing Fee Certificate of State Certified Copy additional copy is e	atus &	

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

TWO ACES MM, LLC		
( <u>Name of the Limited Lia</u> (A Flo	ability Company as it now appears on our reco orida Limited Liability Company)	ords.)
The Articles of Organization for this Limited Liabilit Florida document number L13000120734	ty Company were filed on 08/26/2013	and assigned
This amendment is submitted to amend the following	ž.	
A. If amending name, enter the new name of the	limited liability company here:	AH OF S
The new name must be distinguishable and contain the words "	Limited Liability Company," the designation "L	LC" or the abbreviation "L,L,C,"
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET AD	ODRESS)	
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)	<u> </u>	
B. If amending the registered agent and/or re registered agent and/or the new registered office a	egistered office address on our recondenders here:	rds, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street add	ress
		Florida
	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 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.

If Changing Registered Agent, Signature of New Registered Agent

IGR = M MBR = A	lanager Authorized Member	•	
<u>itle</u>	<u>Name</u>	<u>Address</u>	Type of Action
<b>I</b> GRM	BEDOLACH, NISSO	1111 PARK CENTRE BLVD	Add
		SUITE 450	Remove
•		MIAMI GARDENS, FL 33169	□ Change
· · · · · · · · · · · · · · · · · · ·			Add
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			Change
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D.	If amo	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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	Note:	ive date, if other than the date of filing:  [ective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)  If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the nent's effective date on the Department of State's records.
f ti b)	ne red The	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
١	Dated	mont
		Signature of a member or authorized representative of a member  Han Thaws, HH
		Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00