1400001861

(Req	uestor's Name)	<u>.</u>
(Addi	ress)	
(Add	ress)	
(City/	/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Busi	iness Entity Nar	me)
(Document Number)		
Certified Copies	Certificates	s of Status
Special Instructions to Filing Officer:		

Office Use Only



900317554259

08/24/18--01013--028 **25.00

18 AUG 24 AM IO: 50
SECNE SEED FORD

K SALY AUG 29 2018

COVER LETTER

TO:	Registration Se Division of Cor				
SHRI		y Advisors, LLC			
SUBJECT: Name of Limited Liability Company					
The e	nclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please	e return all correspo	ondence concerning this matter	to the following:		
		G G Nolan			
		Ace Realty Advisors	Name of Person		
			Firm/Company		
		111 South Palmer Stree	t		
			Address		
		Plant City, Fl. 33563			
		gigi@josephjnolanpa.com	City/State and Zip Code		
		E-mail address: (to be used for future annual report notif	ication)	
For fu	irther information c	oncerning this matter, please ca	all:		
GG	nolan		813 473-8120		
	Name o	f Person	at () Area Code Daytimo	Telephone Number	
Enclo	sed is a check for th	ne following amount:			
■ \$2	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

FILED

18 AUG 24 AM 10: 50

FALLAHASSEE, FLORIDA

Ace Realty Advisors, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

the Africies of Organization for this Limited Liability Co	ompany were filed on 04/25/14	and assigned
Florida document number L14000067861	<u>_</u> ·	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit ACE Realty &		.C
The new name must be distinguishable and contain the words "Limi	ted Liability Company," the designation "LLC	" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDR	ESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	111 South Plant Cit	Palmer Street y FL. 33563
		33563
B. If amending the registered agent and/or regist registered agent and/or the new registered office addr		s, enter the name of the nev
Name of New Registered Agent:		
New Registered Office Address:		
New Registered Office Address:	Enter Florida street addres:	· ·
New Registered Office Address:		
	, Flo	oridaZip Code
New Registered Agent's Signature, if changing Registered	City LAgent:	oridaZip Code
	City 1 Agent: und agree to act in this capacity. I fun omplete performance of my duties, an ent as provided for in Chapter 605, i	Tip Code Zip Code Ther agree to comply with the od I am familiar with and F.S. Or, if this document is
New Registered Agent's Signature, if changing Registered I hereby accept the appointment as registered agent a provisions of all statutes relative to the proper and concept the obligations of my position as registered ag being filed to merely reflect a change in the registered	City 1 Agent: und agree to act in this capacity. I fun omplete performance of my duties, an ent as provided for in Chapter 605, i	Tip Code Zip Code Ther agree to comply with the od I am familiar with and F.S. Or, if this document is

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added FILED or removed from our records: 18 AUG 24 AM 10: 5n MGR = Manager AMBR = Authorized Member **Type of Action** Title Name. □ Add _□ Remove ☐ Change □ Add ☐ Remove ☐ Change □ Add ☐ Remove □ Add _____

Remove ____ Change □ Add _□ Remove □ Change □ Add ☐ Remove ☐ Change

	FILED
	18 AUG 24 AH ID- 5 :
	SECRETALL OF STATE TALLAHASSEE, FLORIDA
	······································
	August 21, 2018
E. Effective date, if other than the (If an effective date is listed, the date mus Note: If the date inserted in this bl document's effective date on the D	st be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605,0207 (3)(8) ock does not meet the applicable statutory filing requirements, this date will not be listed as the
f the record specifies a delayed b) The 90th day after the rec	d effective date, but not an effective time, at 12:01 a.m. on the earlier of: ord is filed.
Dated August 21	. 2018
<u> </u>	Signature of a member or authorized representative of a member
<i>Ú</i> Gertrude G. Nolan, M	GR
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00