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COVER LETTER

TO: Registration S Division of Co	rporations		', 'Y
SUBJECT:	ACE Alliance Name of Lim	Marketing LL ited Liability Company	<u></u>
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspondent	ondence concerning this matter	to the following:	
	Jos	Name of Person	
	ACE All:	ance Marketing Firm/Company	`
	500 N 60 ngres	5 Ave APT C-107 Address	
	Φ.	dray Beach, FL 3 City/State and Zip Code	3445
	E-mail address.	@ aceallian cemark to be used for future annual report notifi	eting com
For further information of	concerning this matter, please ca	all:	
Jose Name o	Gomez of Person	at (<u>561</u>) <u>755 - C</u> Area Code Daytime	7465 Telephone Number
Enclosed is a check for t	he 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, 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

ACE Alliance N	larketing, CCC		
(<u>Name of the Limited Liability Comp</u> (A Florida Limited	nany as it now appears on our records.) Liability Company)		
The Articles of Organization for this Limited Liability Company Florida document number <u>LISOOOIYI96</u> .	y were filed on $1/23/2015$ and assigned		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited lia	bility company here:		
The new name must be distinguishable and contain the words "Limited Liab	oility Company," the designation "LLC" or the abbreviation "L.L.C."		
Enter new principal offices address, if applicable:	1000 Spanish River Road APT 1E		
(Principal office address MUST BE A STREET ADDRESS)	Boca Raton, FL 33432-7643		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	Boca Raton, FL 33432-7643		
B. If amending the registered agent and/or registered e registered agent and/or the new registered office address he	office address on our records, enter the name of the new		
Name of New Registered Agent:			
New Registered Office Address: 1000 S	enter Florida street address Ca Raton, Florida 33432 Zip Code		
Bo	City Florida 33432		

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

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Filing Fee: \$25.00