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COVER LETTER

10: Registration 8 Division of Co			
ACE HIG SUBJECT:	HRISE, LLC Name of Fun	nted Frability Company	
The enclosed Articles o	f Amendment and fec(s) are sub	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Fabian Soto		
	TANAPRO ACCOUNTIN	Name of Person SG FIRM LLC	
	1001 Brickell Bay Drive, S	Firm-Company Suite 2700	<u> </u>
	Miami, FL 33131	Address	
	corp@ taxapro.com	City State and Zip Code	
		to be used for future annual report not	ification)
	concerning this matter, please c		
Fabian Soto Name	of Person	786-505-00 at t , Area Code Daytin	
Enclosed is a check for	the following amount:		
富 - \$25.00 Filling Lee -	El \$30.00 Filing Fee & Certificate of Status	☐ \$58 00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Lee. Certificate of Status & Certified Copy (additional copy is enclosed)
Regis Divisi P O. I	ANG ADDRESS: tration Section on of Corporations Box 6327 mssee, FL 32314	STREET/COUR Registration Section Division of Corpo Clifton Building 2661 Executive Co	on rations

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



ACE HIGHRISE, LLC	2019 HAY 28	ለት 9: 39
ACF HIGHRISE, LLC (Name of the Limited Liability Company as it now appears of CVF for its 1 imited 1 iability Company)	n our records.)	16
The Articles of Organization for this Limited Liability Company were filed on $\frac{02/127}{12}$. Florida document number $\frac{1.15000026519}{12}$		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability company here	:	
The new name must be distinguishable and contain the words "Limited Liability Company," the design	gnation "LLC" or the a	bbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
		· · · · · ·
Enter new mailing address, if applicable:	. — · — —	
(Mailing address MAY BE A POST OFFICE BOX)	•	
B. If amending the registered agent and/or registered office address on or registered agent and/or the new registered office address here:	ur records, <u>enter</u>	the name of the nev
Name of New Registered Agent:		
New Registered Office Address:		
The state of the s	The state of the s	

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. Thereby confirm that the limited liability company has been notified in writing of this change.

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person-being added or removed from our records:

MGR = Manager AMBR = Authorized Member

Title	<u>Name</u>	<u>Address</u>	Type of Action
Αľ	MACHADO, JESSICA	103 NW 43RD PLACE	FI Add
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·C	tive date, if other than the date of filing: (optional)
ı el	ffective 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 608 0207 (3): If the date inserted in this block does not incer the applicable statutory filing requirements, this date will not be listed as the
	nent's effective date on the Department of State's records.
	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.
• • •	2 your day after the record is med.
ici	523 19
	aller Machado
	Signature of a member of authorized representative of a member MANAGER