L15000031052

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
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(Do	cument Number)	· · · · · · · · · · · · · · · · · · ·
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SECRETARY OF STATE
SECRETARY OF STATE

.^{31/11} 1 1 20/5 T. **HAMPTON**

COVER LETTER

то:	Registration Se Division of Cor			
CUBI		tants of Florida LLC		
SUBJE	sc1:	Name of Lim	ited Liability Company	
The en	closed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please	return all correspo	ndence concerning this matter	to the following:	
		Emily Acevedo		
		 	Name of Person	
		Ace Consultants of Florida	ì	
			Firm/Company	
		PO Box 1396		
			Address	
		Fellsemre, Fl. 32948		
			City/State and Zip Code	
		Ace PS 12015 & Grai E-mail address: (1. COM to be used for future annual report notif	ication)
For fur	ther information co	oncerning this matter, please ca	all:	
Carlos	Acevedo		321 508-2593 at ()	
	Name of	f Person	Area Code Daytime	: Telephone Number
Enclos	ed is a check for th	ne following amount:		
\$2	5.00 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 Consultants of Florida LLC.		
(<u>Name of the Limited Liability</u> (A Florida Li	Company as it now appears on our record mited Liability Company)	<u>s.</u>)
The Articles of Organization for this Limited Liability Con	npany were filed on <u>02/19/2015</u>	and assigned
Florida document number L15000031057		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limite	d liability company here:	
Ace Protective Services and Investigations LLC.		TALL SEC
The new name must be distinguishable and contain the words "Limited	d Liability Company," the designation "LLC	" or the abbrogation L.L.C."
Enter new principal offices address, if applicable:	// 47-0	77.0
(Principal office address MUST BE A STREET ADDRE	<u></u>	mo P
		FS -: 0
		29 ORIE
Enter new mailing address, if applicable:		>
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or register		s, enter the name of the ne
registered agent and/or the new registered office addre	ss nere:	
Name of New Registered Agent:		
Name of New Registered Agent.		
New Registered Office Address:	Enter Florida street addres	
	Enter r torida street adares	s s
	, Flo	orida Zip Code
	CHY	zip Coae

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

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 = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			□ Add
			□ Remove
			☐ Change
			□ Add
			□ Remove
			☐ Change
			□ Add
			□ Remove
		 	Change
			TACRETARY OR P
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			☐ Change
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			☐ Remove
			Change

				
				
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fective date, if other than the an effective date is listed, the date must ote: If the date inserted in this blocument's effective date on the De	ck does not meet the	applicable statutory		
record specifies a delayed The 90th day after the reco		out not an effect	ive time, at 12:01	AE 15
ted June 3rd	, 201:	5		CRETAR LAHAS
				PH 1: 29 Y OF STATE SEE, FLORIO
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Filing Fee: \$25.00