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S. ROSERTS
JUN 2 3 2023

COVER LETTER

TO: Registration Section Division of Corporation			
SUBJECT: ACE	S.W. Investm	ent, 110	
SUBJECT: TIEV	Name of Lim	ited Liability Company	
The enclosed Articles of Am	endment and fee(s) are sub	mitted for filing.	
Please return all corresponde	ence concerning this matter	to the following:	
		Zhou Ly Name of Person	
	ACE& U) Investment, a	LC.
		Irlo Bronson. E	
	Kissin	City/State and Zip Code	747
-	rowle 6 E-mail address: (City/State and Zip Code 6 + lor i da @ gma i de to be used for future and ual report n	COM otification)
For further information conc	erning this matter, please ca	all:	
Zhou	4	at (407)_396	- 8880
Name of Pe	erson	Area Code Dayt	ime Telephone Number
Enclosed is a check for the f	ollowing 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:		Street Address:	

Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

TO:

Registration Section
Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	stment, LLC	
(Name of the Limited Liability Compa (A Florida Limited L		
The Articles of Organization for this Limited Liability Company Florida document number	were filed on 06/19/2015	and assigned
Florida document number 273000/0/47/		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabile	lity Company," the designation "LLC" or the abb	previation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		20
Enter new mailing address, if applicable:		, , , ,
Mailing address MAY BE A POST OFFICE BOX)	-	
matting that ess mai be a tost of the box		-1
		<u> </u>
B. If amending the registered agent and/or registered office a	address on our records, enter the name	e of the new regi
Name of New Registered Agent:		
Name of New Registered Agent:		
	Enter Florida street address	
Name of New Registered Agent:	Enter Florida street address, Florida	Zip Code

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 adde or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
Mbnager	Wang, Jing	868 Spring Park Loop Kissimmee, Fl 34747	□Add ŪZRemove
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Note:	ve date, if other than the date of filing: APVIL 17, YOZZ (optional) 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 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as ent's effective date on the Department of State's records.
e recore rd is fil	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the ed.
	A = A = A = A = A = A = A = A = A = A =
Dated _.	April 17 2023.
Dated _.	Signature of a member of authorized representative of a member