L16000152213

| (Requestor's Name) |
|-----------------------------------------|
| |
| (Address) |
| |
| (Address) |
| |
| (City/State/Zip/Phone #) |
| (City/State/2tp/Pflone #) |
| PICK-UP WAIT MAIL |
| |
| (Business Entity Name) |
| |
| (Document Number) |
| (Document Number) |
| |
| Certificates of Status |
| |
| Special Instructions to Filing Officer: |
| appear instructions to raining owners. |
| |
| |
| |
| |
| |
| |
| |





600289282446

08/19/16--01007--009 **25.00

16 AUG 19 AM 8: 18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA





1000 Ponce de Leon Blvd. Suite: 105 Coral Gables, FL 33134 Phone: 305-444-4994 Email: filing@ecfsfiling.com

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBERS(S):

| 1. | ACE USA LIC-US | | | |
|----|-----------------------|----------------------------------|----------|----------|
| | (CORPORATE NAME) | (DOCUMENT #) | | |
| 2. | | | | |
| | (CORPORATE NAME) | (DOCUMENT#) | <u>ි</u> | |
| 3. | | | | <u>m</u> |
| | (CORPORATE NAME) | (DOCUMENT #) | 9 Y OF | Ī |
| | Walk-In Pick up time: | ☐ Certified Copy ☐ Certificate 9 | STA CO. | O |

| New Filings |
|-------------------|
| Profit |
| Non-Profit |
| Limited Liability |
| Other: |

| | Amendments |
|---|------------------------|
| X | Amendments |
| | Resignation |
| | Dissolution/Withdrawal |
| | Other: |

| Other Filings |
|-----------------|
| Annual Report |
| Fictitious Name |
| Apostille: |
| Other: |

| Examiners | Initials | |
|-----------|----------|--|

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ACE USA LLC-US (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on $_^{AUGUST\ 12,\ 2016}$ and assigned Florida document number ____L16000152213 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: ACE USA LLC The new name must be distinguishable and contain the words "Limited 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 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 our records, enter the name of the new registered agent and/or the new registered office address here: TI Name of New Registered Agent: New Registered Office Address: Enter Florida street address Florida City Zip Code

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 = Manager AMBR = Authorized Member

| <u>Title</u> | <u>Name</u> | Address | Type of Action |
|--------------|------------------------------|---------------------------------|----------------|
| MGR | Fabian D. Mosquera Vera | 9100 S. Dadeland Blvd Ste: 1500 | Add |
| | | Miami, FL 33156 | ■ Remove |
| | | | ☐ Change |
| MGR | William Andres Mosquera Vera | 9100 S. Dadeland Blvd Ste: 1500 | |
| | | Miami, FL 33156 | □ Remove |
| | | | E Change |
| | | | Add |
| | | | ☐ Remove |
| | | | Change |
| | | | |
| | | | ANASSEE LE |
| | | | Change O |
| | | | □ Remove |
| | | | □ Change |
| | | | Add |
| | | | Remove |
| | | | ☐ Change |

| | | | | 7.000 | | | | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------|----------------------------|------------------------------|-------------------|--------------------|------------------------------|--------------------------------------------------------------------|-----------------------------------------|----|
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| - | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | _ | | | | | - | | |
| | | | | · | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| • | | | | | | _ . · | IS Z | 75 | |
| | <u></u> . | | | | | | | | |
| | | | | | | | | <u>5</u> | |
| | | | | | | | 255 255 255 255 255 255 255 255 255 255 | ع | L |
| | | | | | | | 70 | = | |
| | | | | | . 411 | | 울리 | | |
| | | | | | | | <u> </u> | ထ | |
| If an effective date | , if other than t e is listed, the date r tte inserted in this | nust be specific a | nd cannot be p | rior to date of t | iling or more than | (option 90 days after til | ing.) Pursuan | 3 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 | .0 |
| locument's efforment's efforme | ective date on the ecifies a delay lay after the re | Department of ed effective | State's recordance date, but | rds. | | | | | |
| Dated | | (| | | | | | | |
| | | Signature of a | member or a | uthorized repre | sentative of a me | mber | | | |
| | | | | | | | | | |