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SECRETARY OF STATE

K. SALY MAR 24 2017

COVER LETTER

TO: Registration Sect Division of Corpo	ion Prations		
SUBJECT: ACE	Real Est	ate LLC ed Liability Company	*
The enclosed Articles of A	mendment and fee(s) are subm	nitted for filing.	
Please return all correspond	dence concerning this matter to	o the following:	
	Samuel	Blee Ker Name of Person	
		Name of Person	116
	ACB K.	eal Estate	LLC
		This Company	
	799 NW	Address	
	Boca Rato	Address On IFL 3 City/State and Zip Code RE @ 9 mail be used for future annual report notice.	3486
	Bleeker E-mail address: (to	RE @gmail	fication)
For further information cor	ncerning this matter, please cal		
Samuel Name of I	Bleeker	at (S61) 71. Area Code Daytim	6-0130 e Telephone Number
Enclosed is a check for the	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

2017 MAR 23 PM 12: 59 ed 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 _ and assigned Florida document number <u>L17000144</u>44 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 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: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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.

City

If Changing Registered Agent, Signature of New Registered Agent

, Florida

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

Type of Action Title Name Address Samuel Bleeker 33486 □ Add _□ Remove □ Add □ Remove ☐ Change □ Add □ Remove _□ Change □ Add □ Remove

_□ Change

_	
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ffecti	date, if other than the date of filing:
ment	t's effective date on the Department of State's records.
	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier Oth day after the record is filed.
i	March 20, 2017.
	Signature of a member or authorized representative of a member
	Signature of a manage of a man

Page 3 of 3

Filing Fee: \$25.00