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## **COVER LETTER**

Tallahassee, FL 32314

TO:	Registration So Division of Co				
SUBJE	ccr. A	CE & BP YNUM Name of Lin	ment, LLC		
30 <b>D</b> 01		Name of Lin	nited Liability Company		
The end	closed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please	return all correspo	ondence concerning this matter	to the following:		
			Visa Taria Name of Person		
		ACE &	Name of Person J BP Investment Firm/Company	, UC	
		8500 C	O. Irla Bronson 19 Address  OSININEL, FC 34  City/State and Zip Code	tuy.	2021 OCT -1 PH 1: 26
For fur	ther information c	E-mail address: (concerning this matter, please c	(to be used for future annual report not	fication)	H 1:26
	Lige, 70 Name o	of Person	at ( <u>407</u> ) <u>396 - c</u> Area Code Daytim	PSP0 e Telephone Number	
Enclose	ed is a check for t	he following amount:			
€ <b>/</b> \$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 State Certified Copy (additional copy is end	
	Mailing Address Registration Division of C P.O. Box 632	Section Corporations	Street Address: Registration Se Division of Co The Centre of T	rporations	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

ACE & BP	Investment, uc	
(Name of the Limited Liability Compan (A Florida Limited L.	y as it now appears on our records.) iability Company)	
The Articles of Organization for this Limited Liability Company of	were filed on <b>3-8-201</b>	and assigned
Florida document number <u> </u>		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	lity company here:	. 2
The new name must be distinguishable and contain the words "Limited Liabili		250 O. T.
The new name must be distinguishable and contain the words "Limited Liabili	ty Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	N/A	
(Principal office address MUST BE A STREET ADDRESS)		3.5 B
•		
Enter new mailing address, if applicable:	<u> </u>	· · · · · · · · · · · · · · · · · · ·
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office a	ddress on our records, enter the	e name of the new registere
agent and/or the new registered office address here:	<u></u>	
. /		
Name of New Registered Agent:	4	
New Registered Office Address:	<u> </u>	
	Enter Florida street address	
	Floric	da
New Designational Agent's Computers of absorpting Designatored Agent.	Ciţi	λφ Code
New Registered Agent's Signature, if changing Registered Agent:	and the state of t	
I hereby accept the appointment as registered agent and agree	e to act in this capacity. I furth	er agree to compty with th

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
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	<u>-</u>		<del>.</del>		26
enective date is used, t e: If the date inserted	than the date of filing; the date must be specific and of d in this block does not me e on the Department of St	eet the applicable :	e or ming or more mar	(optional) 90 days after filing.) rements, this date w	Pursuant to 605.02 Fill not be listed
ord specifies a delay filed.	ed effective date, but not a	nn effective time, a	t 12:01 a.m. on the	earlier of: (b) The	90th day after th
ed 9.30	-202H				
	( /	P			