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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : ARAZOZA & FERNANDEZ-FRAGA P.A.

Account Number : 076624003440 Phone : (305)444-6226

: (305)442-4829 Fax Number

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN ACE ENTERPRISES HOLDINGS LLC

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COVER LETTER

TO: Registration Division of C			
ACE E	NTERPRISES HOLDINGS LL	. c .	•
SUBJECT:	Name of L	imited Liability Company	
39) 4 A state.	. 6 4 6 . (2)	.b. inc. d for filling	
	of Amendment and fee(s) are st		
Please return all corres	pondence concerning this matte	er to the following:	
	LAURA KOHN		
		Name of Person	
	ARAZOZA & FERNAN		
	· · · · · · · · · · · · · · · · · · ·	Firm/Company	
	2100 SALZEDO STREE	T, SUITE 300	
	والمراجع المراجع المرا	Address	
	CORAL GABLES, FL 33	1134	
		City/State and Zip Code	
	LAURA@ARAZOZA.CO		
		(to be used for future annual report no	tification)
for further information	concerning this matter, please t	all:	
LAURA KOHN		305 444-6226	
Name	of Person	Area Code Daytii	ne Telephone Number
inclosed is a check for t	the following amount:		
S25.00 Filing Fee		☐ \$55.00 Filing Fee &	☐ \$60.00 Filing Fee,
. <u> </u>	Certificate of Status	Certified Copy (additional copy is melosed)	Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres		Street Address;	
Registration ! Division of C		Registration Section Division of Corporations	
P.O. Box 632		The Centre of T	•
Tallahassee, l		2415 N. Monro	e Street, Suite 810
		Tallahassec, FL	. 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ARTICLES OF	AMENDME	NT	- 3		
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ARTICLES OF (ION			ر بر درخ
C	OF			,	
ACE ENTERPRIS	es holdings ll	С		-1. :	
(Name of the Limited Limite) (A Florida Limited	any as if now appear Liability Company)	or our records.)			
The Articles of Organization for this Limited Liability Company	were filed on	10/19/2017	and assigned		
Florida document number					
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited liab	ility company her	Ē:	•		
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the de	ignation "LLC" or the abbin	eviption "L.L.C."		
Enter new principal offices address, if applicable:					
(Principal affice address MUST BE A STREET ADDRESS)					
	· · · · · · · · · · · · · · · · · · ·		***************************************		
Enter new mailing address, if applicable:			1931) - 1941 - 1941 - 1941 - 1941 - 1941 - 1941 - 1941 - 1941 - 1941 - 1941 - 1941 - 1941 - 1941 - 1941 - 1941		
(Mailing address MAY BE A POST OFFICE BOX)			nger (m. – papa) japapadi si na ka dissari		
B. If amending the registered agent and/or registered office as agent and/or the new registered office address here:	ddress on our rec	ords, <u>enter the name o</u>	of the new registered	!	
Name of New Registered Agent:					
New Registered Office Address:	Enter Florida	street address			
	·	Florida			
, ta	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 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

Title	Name	Address	Type of Action
MGR	ALBERTU GUERRA	241 CAPE FLORIDA DRIVE	[]Add
		KEY BISCAYNE, FL 33149	
		The state of the s	☐ Change
			DAdd
			□Remove
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			□Remove
			□ Chance

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
Effective date, if other than the date of filing: (If an effective 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 (3 kb) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.
If the record 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 record is filled.
Dated SEPTEMBER 18 2020 Signature of a member or authorized representative of a member
ERIC GUERRA
Typed or printed name of signee