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(Re	equestor's Name)	
(Ad	ldress)	
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(Cit	ty/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Ви	usiness Entity Name	e)
(Do	ocument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	
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JAN 3. 20 THARRIS

COVER LETTER

TO: Registration of Division of	on Section F Corporations		
SUBJECT:	Ace 1 Inses	trents LLC ited Liability Company	
The enclosed Article	es of Amendment and fee(s) are sub	omitted for filing.	
Please return all cor-	respondence concerning this matter	to the following:	
	ALON	Name of Person	
		nvest mm ts LLC Firm/Company	
	_ 135 stillui	ew Circle Address	
		FL 33510 City/State and Zip Code	
	E-mail address: (1406@ Yahoo.com to be used for future annual report notifi	ication)
For further informati	on concerning this matter, please co	all:	
Aus. Na	mc of Person	at (<u>813</u>) <u>784-6</u> Area Code Daytime	576 Telephone Number
Enclosed is a check	for the following amount:		
\$25.00 Filing Fe	e S30.00 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 OF

Ace I Inves	Lunts LLC
(<u>Name of the Limited Liabilit</u> (A Florida	y Company as it now appears on our records.) Limited Liability Company)
The Articles of Organization for this Limited Liability Co	ompany were filed on $1 - 16 - 2018$ and assigned
Florida document number <u>L18000013507</u>	_·
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limit	ted liability company here:
The new name must be distinguishable and contain the words "Limit	ted Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	6 53
(Principal office address MUST BE A STREET ADDR.	ESS)
	· ·
_	、 ,
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered agent and/or the new registered office address.	ered office address on our records, <u>enter the name of the ne</u> ess here:
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:

1

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	AGRON ACORD	635 Stillview Circle Brandon,	FL 33510 Add
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			☐ Change
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fective date, if other an effective date is listed, the	than the date of fi te date must be specific	iling: c and cannot be prio	r to date of filing or mo	(optional)) Pursuant to 605.0
ne: It the date inserted	in this block does n	not meet the applic	cable statutory filing	requirements, this date	will not be listed
cument's effective date	on the Department	of State's records	i.		
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record specifies a The 90th day after	the record is fil-	ze date, but no ed.	ot an effective ti	me, at 12:01 a.m.	on the earlier
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	Signature o	of a member or auth	orized representative of	f a member	
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		Jason Ac Typed or print	Λ		٤,

Page 3 of 3

Filing Fee: \$25.00