



Florida Department of State
 Division of Corporations
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To: Division of Corporations
Fax Number : (850) 617-4283

From: Account Name : CONTADORMAXI.COM INC
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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
 ALL 4 HOMES LLC

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Estimated Charge	\$25.00

Electronic Filing Menu

Corporate Filing Menu

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ACE 4 HOMES LLC

(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 03/06/2018 and assigned
Florida document number U18000058446

This amendment is submitted to amend the following:

A. If amending name, enter the new name of this 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 office 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:

Your 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

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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
AR	CORREA, WANESSA	11724 BISCAYNE BLVD	☐ Add
		NORTH MIAMI BEACH, FL 33181	☐ Remove
			☐ Change
AR	SHAKURY, JUDIT	11724 BISCAYNE BLVD	☒ Add
		NORTH MIAMI BEACH, FL 33181	☐ Remove
			☐ Change
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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.

Dated: DECEMBER 21ST, 2020

Typed or printed name of subject