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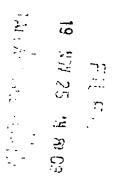
(R	equestor's Name)	
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(C	ity/State/Zip/Phone #)	
PICK-UP	☐ WAIT	MAIL
(B	usiness Entity Name)	<u> </u>
(C	Ocument Number)	
Certified Copies	Certificates of \$	Status
Special Instructions to	o Filing Officer:	

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S. YOUNG

COVER LETTER

TO: Registration Sec Division of Corp			
SUBJECT:	ACE BOOTT Name of Lin	WE SERVICES ited Liability Company	llc
The enclosed Articles of A	mendment and fee(s) are sub	omitted for filing.	
Please return all correspon-	dence concerning this matter	to the following:	
	ADA	Mame of Person	
		BOOTNG SERVICE	es ilc
	66 W.	FLAGUER ST S	SUITE 918
		City/State and Zip Code	
	E-mail address: (RADILLO & GHA1 to be used for future annual report noti	fication)
For further information cor	ncerning this matter, please c	all:	
ADAM Some of I	Person	at (<u>305</u>) <u>360</u> Area Code Daytim	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:		Street Address:	

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	BERVICES (LC = ===
(Name of the Limited Liability Compan (A Florida Limited L	iability Company)
The Articles of Organization for this Limited Liability Company v Florida document number $\frac{L1800085800}{}$.	were filed on $\frac{4/4/18}{3}$ and assigned $\frac{9}{3}$.
This amendment is submitted to amend the following:	· · · · · · · · · · · · · · · · · · ·
A. If amending name, <u>enter the new name of the limited liabi</u>	
The new name must be distinguishable and contain the words "Limited Liabili	ty Company," the designation "L.L.C." or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	66 W. FLAGLER ST SUITE 918 MIAMI, FC 33130
(Principal office address MUST BE A STREET ADDRESS)	MIAMI, FC 33130
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	66 W. FLAGLER ST. SUITE 918 MIAMI, FL 3313D
B. If amending the registered agent and/or registered office acagent and/or the new registered office address here:	
Name of New Registered Agent: ADA	1 RADILLO
New Registered Office Address: 66 W.	FLAGUER ST SUITE 918 Enter Florida street address
MIAM	PLAGUER ST SUITE 918 Enter Florida street address 1

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

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

Title	<u>Name</u>	Address	Type of Action
MGR PRESIDENT	Abam RADILLO	66 W. FLAGLER ST. SUI	1E98 XAdd
		66 W. FLAGLER ST. SUI MIDMI, FL 33130	□Remove
			□ Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
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(If an effe	ce date, if other than the date of filing:
	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
Dated _	NOVEMBER 22, 2019
	Signature of a member or authorized representative of a member ADAM RADILLO