

L19000116690

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(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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MR

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Ace Capital Investments LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Yvette Ojeda

Name of Person

Ace Capital Investments LLC

Firm/Company

2612 West 60th Street

Address

Hialeah, Florida 33016

City/State and Zip Code

y_ojeda22@yahoo.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Yvette Ojeda

305

9043125

at (_____) _____

Name of Person

Area Code

Daytime 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:

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

Street Address:

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**

Ace Capital Investments 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 05/09/2018 and assigned
Florida document number 35-2629529.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the 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 offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

2612 West 60th Street

Hialeah, Florida 33016

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

2612 West 60th Street

Hialeah, Florida 33016

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:

Yvette Ojeda

New Registered Office Address:

2612 West 60th Street

Enter Florida street address

Hialeah

City

Florida 33016

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 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> | <u>Address</u> | <u>Type of Action</u> |
|--------------|-----------------|------------------------|--|
| MGR | Marcus Gray | 3015 NW 79 Street | <input type="checkbox"/> Add |
| | | Miami, Florida 33147 | <input checked="" type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| MGR | Yvette Ojeda | 2612 West 60th Street | <input checked="" type="checkbox"/> Add |
| | | Hialeah, Florida 33016 | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| AREP | Armando Ojeda | 1455 Jefferson Road | <input checked="" type="checkbox"/> Add |
| | | Boonville, MO 65233 | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| AREP | Madison Verdeja | 2612 West 60th Street | <input checked="" type="checkbox"/> Add |
| | | Hialeah, Florida 33016 | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| | | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| | | | <input type="checkbox"/> Add |
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| | | | <input type="checkbox"/> Change |

[illegible]

(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)

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 filed.

Signature of a member or authorized representative of a member

Typed or printed name of signee

Filing Fee: \$25.00