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(Requestor's Name)
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(Business Entity Name)
(Document Number)
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COVER LETTER

	ation Section 1 of Corporations	
	E INVESTMENTS SWFL, LLC	
SUBJECT:	Name of i	.imited Liability Company
The enclosed Art	icles of Amendment and fee(s) are s	submitted for filing.
Please return all c	correspondence concerning this mat	ter to the following:
	CRYSTAL D NORTO	N
		Name of Person
	ACE INVESTMENTS	SWFL, ELC
	Firm-Company	
	614 SW 26TH TER	
		Address
	14	
	City/State and Zip Code @GMAIL.COM	
	E-mail addres	s: (to be used for future annual report notification)
For further inforn	nation concerning this matter, please	e call:
CRYSTAL D NORTON		305 731-3098
	Name of Person	Area Code Daytime Telephone Number
Enclosed is a che	ck for the following amount:	
≡ \$25.00 Filing	Fee ☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & S60.00 Filing Fee, Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)
Registr Divisio P.O. Bo	Address: ration Section on of Corporations ox 6327 assec, 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 INVESTMENTS SWFL, LLC		
(Name of the Limited Liability Compar (A Florida Limited L	ny as it now appears on our records.) ability Company)	
The Articles of Organization for this Limited Liability Company Florida document number	were filed on 02/04/2019	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	lity company here:	
The new name must be distinguishable and contain the words "Limited Liabili	ity Company," the designation "LEC" or th	e abbreviation "L.L.C."
Enter new principal offices 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)		
	\times	
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress on our records, enter the n	ame of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florida	Nip Code
New Registered Agent's Signature, if changing Registered Agent:	,	
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office of company has been notified in writing of this change.	performance of my duties, and La rovided for in Chapter 605, F.S. C	on familiar with and
		S S S
If Chang	ging Registered Agent, Signature of New	Registered Aged

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
MR	EDDY M JIMENEZ		
		614 SW 26TH TER CAPE CORAL FL 33914	≡ Remo ve
			Change
			□Remove
			JAdd
			∐Remove
			□Change
			=\Add
			□Remove
			IChange
		 	
			HARDEN TO THE PROPERTY OF THE
-			SSER, FL
			Ti Changai

CRYSTAL NORTON SHALL	HAVE 100% OWNERSH	P AND INTEREST AS OF T	THE EFFECTIVE DATE
OF 03/05/2024, THE LLC SH/	ALL BE CHANGED FROM	A MULTI-MEMBER LLC	TO A SINGLE MEMBER
LLC.			
	03/05/2024		
ive date, if other than the da ective date is listed, the date must b	ate of filing: e specific and cannot be prior to		
If the date inserted in this block ent's effective date on the Depa		ble statutory filing requiremen	its, this date will not be list
d specifies a delayed effective o led.	ate, but not an effective tin	ne, at 12:01 a.m. on the earlier	46. 5
		_	HAR
MARCH 5TH		//	HA
		!/	SSC A
() On Trans	_	- K	

Filing Fee: \$25.00