

619000274397

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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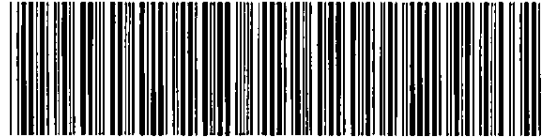
(Business Entity Name)

(Document Number)

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09/14/23--01016--001 **25.00

2023 SEP 14 AM 10:08

A. PARISHANI

SEP 30 2023

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ACE AI Transportation LLC
Name of Limited Liability Company

2023 SEP 14 AM 10:08

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

Please return all correspondence concerning this matter to the following:

SHARON BROWN BENT
Name of Person

LLC
Firm/Company

71643 Lake PKWY, STE 104-9068 JAX, FLA 32256
Address

Jacksonville FL 32256
City/State and Zip Code

ACEAISolutions@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

SHARON BROWN BENT at (904) 635-9784
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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 A I Transportation 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 11/4/2019 assigned
Florida document number L19000274397

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

ACE A I Solutions LLC
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)

7643 Lake PKWY
STE 104-9068
Jacksonville, FLA 32256

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

7643 Lake PKWY
STE 104-9068
Jacksonville, FLA 32256

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:

SHARON BROWN BENT

New Registered Office Address:

7643 Lake PKWY STE 104-9068
Enter Florida street address
Jacksonville, Florida 32256
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.

Sharon Brown Bent
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>
AR AM	Jarvis Louise Bent-LAVANT		<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
		7643 GATE PKWY; STE 104-9068 JACKSONVILLE, FL 32256	<input checked="" type="checkbox"/> Change
AR AM	Jasmine Sapphire Bent		<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
		7643 Gate PKWY; STE 104-9068 JACKSONVILLE, FL 32256	<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

2023 SEP 14 PM 10:08

E. Effective date, if other than the date of filing: _____ (optional)

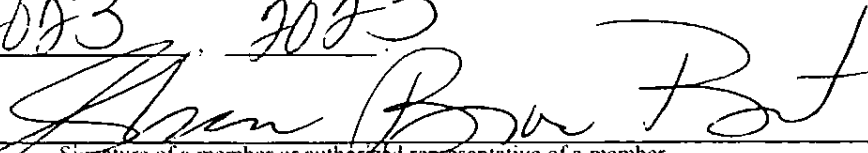
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

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.

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.

Dated

9/8/2023, 2023



Signature of a member or authorized representative of a member

SHARON BROWN BENT

Typed or printed name of signee