## L20 000 173138

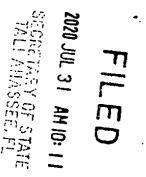
(Rec	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates	s of Status
Special Instructions to I	Filing Officer:	

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## **COVER LETTER**

то:	Registration Sec Division of Corp				
erab HE	CE. ACE Date	a Network LLC			
SUBJE	CI:	Name of Limit	ed Liability Company		
		Amendment and fee(s) are subn			
Please (	eturn all correspo	ndence concerning this matter to	o the following:		
		Carter Posey			
			Name of Person		
		ACE Data Network L	LC		
			Firm/Company		
		cposey899@gmail.co	om		
			Address		
		Centerville OH 4545	9		
		cposey899@gmail.co	City/State and Zip Code		-
			o be used for future annual r	eport notification	)
For fur	ther information c	oncerning this matter, please ca	11:		
Carte	er Posey		ar ( <u><b>9</b>37</u> )	760-1	
	Name o	f Person	Area Code	Daytime Telep	hone Number
Enclos	ed is a check for the	he following amount:			
<b>™</b> \$2	5,00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is encl		□ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
	MAIL	ING ADDRESS:	STREET	7COURIER AI	DDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## TO ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ACE Data Network LLC					
(Name of the Limit	ed Liability Compa (A Florida Limited)	ny as it now appears on our records.) Liability Company)			
The Articles of Organization for this Limited L Elevidae Hocument number L20000173138	iability Company	were filed on June 22	2020 and assigned		
This amendment is submitted to amend the foll	owing:				
A. If amending name, enter the new name of CleanView LLC			a the other minimum of 1 (2 "		
The new name must be distinguishable and contain the words "Limited Liabili Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		7901 4th St N	23 B		
		St. Petersburg FL 33702			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		7901 4th St N	Y OF STORY		
		St. Petersburg FL 33702			
B. If amending the registered agent and registered agent and/or the new registered o	Northwest	re: Registered Agent LLC	enter the name of the		
New Registered Office Address:	7901 4th S	St N STE 300			

## 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.

City

St. Petersburg

If Changing Registered Agent, Signature of New Registered Agent

Enter Florida street address

. Florida \_\_\_

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
MGR	Jake Ladernan	4530 W Alahama St	🗖 Add
		Houston TX 77027	🗖 Remove
			Change
			Add
			Remove
			Change
			Remove
		5AX 999	Charles  Add  Control  Charles  Add  Add  Control  Charles  Add  Add  Control  Charles  Add  Control  Control
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Note:	ive date, if other than the date of filing:	<b>nal)</b> iling.) Pur date will	rsuant to not be	605.0207 ( listed as t
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.	m. on	the ea	rlier of
	90th day after the record is filed.			
The	7/23/100.			
The				

Page 3 of 3

Filing Fee: \$25.00