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COVER LETTER

TO: Registration Sec Division of Corp			
SUBJECT: AE	C CONES UNI. Name of Lim	mited Liability Company	м [*]
The enclosed Articles of Z	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspor	idence concerning this matter	to the following:	
	Anthony Co	Name of Person	
	AEC Cones 1	Unlimited LLC Firm/Company	
	5931 Ma	Address	
	tamerae	FL 33321 City/State and Zip Code	
	AEC SIS @ E-mail address: (to be used for future annual report noti	ication)
For further information co	ncerning this matter, please c	all:	
Anthony	Calabies e Person	at (954) 224 · Daytime	200 6 e Telephone Number
Enclosed is a check for the	e 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

2020 ST -4 FILL 4: 08 AEC Cones Uninited 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 July 20, 20,00 and assigned 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) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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: Elizabeth Calabrese

5931 Marchester Way

Emer Florida street address

tomarac Florida 33321

City Zip Code Name of New Registered Agent: New Registered Office Address:

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.

My Colling 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>	2020 ST 1-4 P. 1	Carry Type of Action
AMBR	Elizabeth Calabrese	5931 Mancheste way	
		tamare FL 33321	□Remove
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Offective date if	other than the date of filing: (optional)
f an effective date is Note: If the 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 605.020 inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a live date on the Department of State's records.
e record specifies a ed is filed.	a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated Augu	154 24 th . 2020.
	Signature of a member or authorized representative of a member