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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: ACEJP Construction and Name of Limited Liability Company	Waterproofing Service
The enclosed Articles of Amendment and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Joseph Pike Name of Person	Douglas Chacon
Firm/Company	
1803 Shanun Ct	<u>•</u>
Panana City/State and Zip Code	fc. 32405
E-mail address: (to be used for luture annual re	iling Comcil. com
For further information concerning this matter, please call:	0
Douglas Chamon at (850) Area Code	S71-//95 Daytime Telephone Number
Enclosed is a check for the following amount:	
\$25.00 Filing Fee \$\Bigcup \text{S30.00 Filing Fee & Certificate of Status}\$\Bigcup \text{\$\subseteq} \Bigcup \Bigcup \text{\$\subseteq} \Bigcup \Bigcup \text{\$\subseteq} \Bigcup \Bigcu	S60.00 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/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ACEJP Conctrue	2/10/0 0 0 1 1 1 0 1 0 0 0 0 0 0 0 0 0 0
(Name of the Limited Liability Cor (A Florida Limi	mpany as it now appears on our records.) ted Liability Company)
The Articles of Organization for this Limited Liability Compa	C(a)
This amendment is submitted to amend the following:	•
A. If amending name, enter the new name of the limited l	iability company here:
The new name must be distinguishable and contain the words "Limited L	iability 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	<u> </u>
Enter new mailing address, if applicable:	
Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered registered agent and/or the new registered office address b	l office address on our records, enter the name of the new here:
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida

New Registered Agent's Signature, if changing Registered Agent:

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 eccept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is eing filed to merely reflect a change in the registered office address. I hereby confirm that the limited liability ompany has been notified in writing of this change.

City

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added</u> <u>or removed from our records</u>:

	Manager - Authorized Member		
<u>Title</u>	Name Ocseph Piko	Address 2.2000 -7 127:33 1802 Shanun Ca-	Type of Action
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Effective date, (If an effective date Note: If the dat document's effe	is listed, the e inserted i	date must be n this block	e specific an does not	nd cannot be meet the	applicabl			ian 90 days		g.) Pursu		
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Filing Fee: \$25.00