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COVER LETTER

	Registration Se Division of Cor			
cun uco		TURE GROUP LLC		
SUBJEC	ET:	Name of Lin	nited Liability Company	
The enclo	osed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please ret	turn all correspo	ondence concerning this matter	to the following:	
		HUY DAO		
			Name of Person	
		ACE VENTURE GROUT	PLLC	
			Firm/Company	
		9109 PALOMINO DRIVI	į	
		-	Address	
		LAKEWORTH FL 33467		
		ACE.VENTUREGROUPL	City/State and Zip Code	
			to be used for future annual report noti	fication)
For furthe	er information c	oncerning this matter, please c	all:	
HUY DA	AO.		561 283-9399	
	Nama o	f Person	at () Area Code Davtim	ne Telephone Number
	Name o	i i cison	Area Code Dayum	e retephone stumber
Enclosed	is a check for th	ne following amount:		
■ \$25.0	00 Filing Fee	S30.00 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 Addres Registration S		Street Address:	ation
	Division of C		Registration Sec Division of Cor	

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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 VENTURE GROUP LLC

(<u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appears on our r Jability Company)	ecords.)	
The Articles of Organization for this Limited Liability Company Florida document number	were filed on	and assigned	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company here:		
The new name must be distinguishable and contain the words "Limited Liabil	ity 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>	
er. er i er i i		<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 office a		Ö .	
agent and/or the new registered office address here:	<u></u>	U U	
Name of New Registered Agent:			
New Registered Office Address:	Enter Florida street a	ddress	
	City	Florida	
New Registered Agent's Signature, if changing Registered Agent:			
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as pleing filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my dutic provided for in Chapter (s, and I am familiar with and 605, F.S. Or, if this document is	

If Changing Registered Agent, Signature of New Registered Agent

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

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	NGUYEN, ANH	9109 PALOMINO DRIVE, LAKEWORTH, FL 334	67 ≘ Add
			□Remove
			🗆 Change
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	10/27/2020		
ective date, if other than the day officerive date is listed, the date must be	ate of filing:	(optional) of tiling or more than 90 days after filing.) F	hirsuant to 605.0207
te: If the date inserted in this bloc	k does not meet the applicable st	tatutory filing requirements, this date w	ill not be listed as
	artment of State's records.		
rument's effective date on the Dep			
cord specifies a delayed effective o	late, but not an effective time, at	12:01 a.m. on the earlier of: (b) The	90th day after the
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