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(Re	questor's Name)	
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A. RIVERS
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COVER LETTER

Registration Section
Division of Corporations

TO:

SUBJECT:	ACE P.	ADEL LLC	
		ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Peter	Carrello Name of Person	
		Name of Person	
		Firm/Company	
	5023 /n.	spiration Terr	ace
		City/State and Zip Code Code Carnello. To be used for future annual report not	
		City/State and Zip Code	
	E-mail/address: (${}^{2}CO$ (${}^{2}CO$ (${}^{2}CO$) (${}^{2}CO$) to be used for future annual report not	ification)
	oncerning this matter, please ca	all:	
Mona (Carnello	at (941) 962 Area Code Daytin	7146
Name o	f Person	Area Code Daytin	ne Telephone Number
Enclosed is a check for the	ne 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 S Division of C P.O. Box 632	Section forporations	Street Address: Registration Se Division of Co	rporations
Tallahassee, l		The Centre of 2415 N. Monro	e Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ACE	PADEL LLC
(<u>Name of the Limited</u> (A	Liability Company as it now appears on our records.) Florida Limited Liability Company)
The Articles of Organization for this Limited Liab Florida document number	bility Company were filed on <u>April 14 2021</u> and assigned
This amendment is submitted to amend the follow	ring:
A. If amending name, enter the new name of the	he limited liability company here:
The new name must be distinguishable and contain the word	ds "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicab	ole:
(Principal office address MUST BE A STREET)	ADDRESS)
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO B. If amending the registered agent and/or regagent and/or the new registered office address)	istered office address on our records, enter the name of the new registered
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	City 'Jip Code
New Registered Agent's Signature, if changing Reg	gistered Agent:
provisions of all statutes relative to the proper accept the obligations of my position as registe	agent and agree to act in this capacity. I further agree to comply with the and complete performance of my duties, and I am familiar with and ered agent as provided for in Chapter 605, F.S. Or if this document is gistered office address, I hereby confirm that the limited liability hange.

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

Title	Name	Address	Type of Action
MGR	Andreas Lune	5623 Inspiration Terra Bradenton FL 34210	ACC X Add
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