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COVER LETTER

TO:

Registration Section

Tallahassee, FL 32314

Div	ision of Cor	porations		
aun mer.		ess Mutliservices LLC		
SUBJECT:		Name of Lim	ited Liability Company	
The enclosed	Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return	all correspo	ndence concerning this matter	to the following:	
		Christie Alvarez		
			Name of Person	
			Firm/Company	
		6482 SW 26th Street	Cinii Company	
			Address	···
		Miramar, Fl. 33023		
			City/State and Zip Code	-
		acemultiservicesllc@gmail.		
			to be used for future annual report no	tification)
For further in	nformation c	oncerning this matter, please ca	all:	
Christie Alvarez		954 471-0888 at ()		
Name of Person		Area Code Daytir	ne Telephone Number	
Enclosed is a	check for th	ne following amount:		
≡ \$25.00 F	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)
	iling Addres		Street Address:	ootio m
Registration Section Division of Corporations		Registration Se Division of Co		
P.O. Box 6327		The Centre of Tallahassee		

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee. FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ACE Express Multiservices 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 $\frac{04/26/2021}{1}$ _ and assigned Florida document number _____L21000191639 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 "LLC." 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: Name of New Registered Agent: New Registered Office Address: Enter Florida street address City

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.

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	Christie Alvarez	6482 SW 26th Street	≣ Add
		Miramar, FL 33023	Remove
			□Change
MGR	Soraida Cordero	6482 SW 26th Street	□Add
		Miramar, FL 33023	□Remove
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Filing Fee: \$25.00